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ART. I.—*Contributions to Morbid Anatomy.* By BENNET DOWLER, M.D., of New Orleans.

Chemistry offers one of the best illustrations of the great importance of a scientific NOMENCLATURE; a nomenclature full of meaning, easily learned because based on analogy, and sent forth to the world along with each new chemical product, and this too, in most instances, in advance of popular, unmeaning names. When a name is once fixed, especially if it be a short one, in vain may the learned labor to substitute for it a Greek, Latin, or even another English name, however absurd may be the former—however descriptive may be the latter. "All nomenclature," says Mr. Herschel, "must be a balance of difficulties, and a good short *unmeaning*

name, which has once obtained a footing in usage, is preferable to almost any other." (*Nat. Philos.*)

Melan-orrhœa is (if I might be allowed to coin a word) better than the inelegant and contradictory phrase, *purging* black *vomit; melan-emesis*, less tautological than *vomiting* black *vomit; melan-orrhagia*, less circumlocutory than discharges of blood and black vomit. Take another example: in yellow-fever, in the early stage, there is a pain in the frontal bone, above the eyes, never in them even when exposed to the strongest light, sometimes extending to the temples, but seldom, if ever, diffused through the head. This, though erroneously called head-ache by careless patients, and writers, is not strictly such. Now this pain is peculiar, not from its intensity, but from its location, a single finger placed above the eye-brows usually covering its seat, and it might be expressed, without circumlocution, by the term *frontalgia;* pain along the entire spine, might be called *spinalgia;* pain in its cervical portion, would by the same rule be named *cervalgia;* in the middle portion *dorsalgia;* in the lower, *lumbalgia;* more especially as *neuralgia* and several other words of this family are becoming anglicised. The shortest description for *lumbalgia* would, perhaps, in plain English, be this: pain in the small of the back, directly in the bone. However convenient such names may be, the history of medical nomenclature shows that they will, at last, be found to give place to a simpler and more vernacular technology, even among professors of the healing art. In many cases this tendency is advantageous. Who would wish to change the English and French names of yellow-fever, for any of those learned terms which Greek and Latin scholars have invented? The former name implies no false theories of malignancy, of putridity, of typhus, &c., but originates in a fact of constant occurrence in fatal cases, namely, a yellowness of the skin, of the subconjunctival, the adipose, and cellular tissues. The Spanish name, *vômito priéto*, is less characteristic, inasmuch as black-vomit is far from being constant in this fever, though even this name is, perhaps, more correct than the classical:

for black-vomit matter is generally found upon dissection, either in the stomach, or intestines, though in many, perhaps a majority of cases, none had been vomited.

The elaborate and classical nomenclature of the late, and very learned, Dr. Mason Good, after blazing comet-like in the medical heavens, is fast disappearing in the deeps of oblivion, a work which he evidently thought contained the elements of its own immortality—a work, as he declares, "not merely designed as a manual for the student, or a text-book for the lecturer, but a book that might stand on the same shelf with our most popular systems of Natural History." (*Prelim. Dis.* p. vii.) The same quotation, in which he bewails the short-lived glories of Darwin's Zoonomia, which, according to its author, was destined to "stand like a rock amid the waste of ages," might now be applied equally to his own case:

"O blindness to the future!—kindly given,—

with the following additional lines from the same poet:

"Ev'n he whose soul now melts in mournful lays.
Shall shortly want the generous tear he pays:"

since Dr. Good's Nosology too, "must fall like those he sung."

I trust that I shall not be accused of a desire to innovate, in offering to the consideration of dissectors the following plain names, with some account of the anatomical characters which they represent, without entering for the present, the more elevated range of pathological inquiry to which they might have a tendency. I am not aware that all these lesions have been designated and introduced into works on anatomy, though I believe they are entitled to such distinction, or at least to a hearing. It is not my intention to discuss their practical value, still less to attempt by deductive reasoning to trace their consequences and bearings through the extended realms of pathology.

I do not insist upon the adoption of the following names, nor venture, in all instances, to use them in my own descriptions, however convenient they might be, in order to avoid

tedious circumlocutions. It is hoped others will substitute names better, shorter, and more descriptive of the *things* designated. It requires a celebrated name to establish new names. Andral is an instance: a part of his pathological nomenclature spread with celerity from the centre to the circumference of Europe, as well as to the furthest verge of America.

I.—Cellular Hyperæmia, or Cellular Spleenification of the Extremities.—*Ante-mortem History:*—The skin natural in color, but tense; the depressions among the muscles obliterated; the limb rounded; extension, as well as any kind of motion, more or less painful, semi-flexion affording relief; the limb is but little increased in size: these symptoms seldom causing much complaint.

Anatomical Characters:—The interstices of the cellular membrane uniformly infiltrated with a semi-carnified blood, firmer than the spleen, a little variegated in some instances with gray or buff color, presenting when cut, a smooth surface, free from serosity and bloody exudations; sometimes affecting only a portion of the limb, sometimes the whole of it, sometimes all the limbs, though never any portion of the trunk so far as I have seen.

The following extracts, taken from my manuscript chapters on the morbid anatomy of yellow-fever, will illustrate this lesion: J. M., born in New York, musical instrument maker, aged twenty-three, on the third day after his arrival at New Orleans, took the yellow-fever. Body of medium size, muscular and adipose tissues finely proportioned, &c. [His senses and his susceptibility to external impressions continued good until fifteen minutes before he died. Daily history omitted.]

Oct. 7th, 1842.—Has no fixed pain; but can, at any time, produce pains in his limbs by certain motions, as extension and elevation. The limbs, which are rounded and somewhat tense, he keeps semi-flexed.

Oct. 12th, at 11½ A. M., after a slight effort to vomit for the first time, he complained that his feet were becoming

cold, at the same time expressing an opinion that he would recover, and in a few seconds after expired tranquilly. The day before his death, the uneasy sensation in his limbs existed, as at first, whenever he moved them.

Dissection fifteen minutes after death:

Body, warm, except the feet; muscles contractile, firm, well developed, and slightly increased in redness, &c. The cellular tissue, even in the deepest recesses of the muscles of the arms and legs, was loaded with semi-organised blood, which, when cut, resembled smooth, dense jelly, interwoven with a tissue like spleen or placenta—free from serosity or bloody oozings. This deposit occupied more than half of the cellular tissue, excepting the right arm, which was less affected.

There was no hæmorrhagic appearance in the bowels or in any other organs. The blood was natural in color, and in consistence, coagulating firmly as usual.

There can be no doubt that this lesion occurred early in his malady, certainly five days before death. Not wishing to encumber this paper with histories of a similar character, I proceed to another lesion, which, though it is identical in color, differs in its location, shape, and consistence.

II.—Button-shaped Sanguineous Indurations.—*Anatomical Characters:*—These bodies, less organised than the spleen, firmer and darker than coagulated blood, resemble dense jelly in consistence, occupying and being intersected by the submucous tissue of the stomach and intestines—of the urinary and gall bladders, varying from minute points to the size of a common button, which they resemble in shape. Conceive the eye or thick part of a button as commencing in the mucous membrane, and the body as extending back through the submucous tissue, the muscular coat moulding the outside, and you will have a correct idea of their general configuration. This lesion happens oftenest in the stomach, and is not uncommon, at least, in yellow-fever. In its solidity and well-defined shape, it differs greatly from those passive exudations which take place in the last stage of fever, when the inject-

ing power of the circulation must be too feeble to force the blood and compress it into the tissues as above described. This lesion has been found in subjects even where blood-letting had been carried to a state bordering on *anæmia.*

In the descending scale, as connected with this subject, I think it by no means ridiculous or unimportant to mention certain appearances, if not strictly lesions, of the skin in the living, and in the dead subject, commonly called *petechiæ*, but which generally are, in my opinion, neither more nor less than

III.—Mosquitoe Petechiæ or Ecchymoses.—These are found only on such parts as are exposed to these insects. They are of no small value as indicants of a hæmorrhagic diathesis or tendency. The same may be said of that dark, purplish-red discoloraton which is apt to appear to considerable extent around the neatest orifice in the arm in venesection, though in neither case do we meet with sanguineous concretions as in the last lesion.

Mosquitoe Petechiæ I have met with in several intense forms of remittent and congestive fevers, during the present month (July 13th, 1843); every exposed part being thickly dotted with circumscribed, red spots, seldom as large as a grain of flaxseed, the color receding by pressure as in erysipelas, but returning almost instantly after the removal of the finger. These dottings occur sometimes in bowel affections, as diarrhœa, dysentery, and cholera morbus. In healthy infants, recently born, the mosquitoe bite causes spots difficult to be distinguished from those above described. Pringle, (*Dis. of the Army*), says that *petechiæ* appear thickest upon the breast and the back, less on the legs and arms; and, adds he, "I do not remember to have observed any upon the face." (Obs. on Jail or Hospital Fever, p. 262). In mosquito petechiæ, the contrary happens. If the patient's shirt be of very thick linen (as in the Charity Hospital of this city) no spots will be found on the trunk, except at the opening in the bosom, unless the body be exposed, as in delirium.

De Haen, nearly a century since, characterised typhus as a petechial fever (*frebris petechialis*), and it is now considered

by Louis and Chomel, as possessing no other pathognomonic character. Since pathologists attach so much importance to petechial eruption, it is desirable to discriminate its varieties as accurately as possible. It will be found, in the South at least, as I incline to believe, that those spots called *petechiæ* are owing to the bites of insects, in almost all instances. The advanced stage of fever, the prostration of the vital forces, and a hæmorrhagic tendency, are circumstances generally connected with this appearance. These bites, however, seem to produce no uneasy sensations as in healthy persons: upon the latter, the mosquitoes sometimes produce irritating effects not a little formidable, through nearly half the year, in this city; though they are far less virulent than Capt. Ross represents them to be in the arctic regions, at the 67° N. lat. (2d Voy., 1829, p. 35).

Lastly, upon this branch of our subject, is there nothing morbid in the firmness, tension, plumpness, and redness of the muscles so common in yellow-fever subjects? Would not an apoplexy, or engorgement of the interstitial and capillary circulations, or either of them, appear probable under such circumstances? Blood-letting may be carried to great extremes, causing general *anæmia*, without discharging this fine red color of the muscular tissue.

IV.—Cord-like Consolidation of the Intestine.—*Anatomical Characters:*—The large intestine chiefly, though not exclusively, is the seat of this lesion; the cæcum, colon, and rectum, are found firm, round, bloodless—strong, tenacious, elastic, white—often resembling in color the breast of a boiled chicken, or prepared tripe; the intestinal cavity obliterated, not admitting a body as large as a quill without forcible dilatation; dessication of the mucous membrane; all the coats much but equally thickened; the external dilatations, notchings, and puckerings, as well as the internal sacculated pouches obliterated, leaving the longitudinal muscular stripes distinct; the consolidated portion probably diminished in length; in most cases empty; sometimes containing solid pebble-shaped fæces, from the size of a hazel-nut to a hen's egg, or even to

a goose's egg. These indurations, when numerous, give the large intestine the appearance of a string of onions, being of the consistence and color of half-dried or baked yellow clay, closely surrounded as with a skin, by the intestine, emitting little if any odor.

If we deduct for the apparent loss in the mucous, serous, and sanguineous fluids natural to the parts, it is probable that the bowel has suffered no loss of weight by this lesion. This change, which is a very acute one, since it happens for the most part in fevers lasting from three to four days, is quite different from atrophy, or collapse, which happens to a muscle or organ from long disuse of its natural function. It does not appear to be occasioned by mere emptiness, a condition to which the large intestine is often subject in sickness and health—distention appearing to be its natural condition—differing in this respect from the urinary bladder, which habitually contracts or dilates more or less, according to the quantity of fluid which it may contain: on the contrary, the large intestine when most empty of fæcal accumulations, is most distended with its peculiar gases, at least, such is often the case in the dead body.

There can be no doubt when this lesion is established from the valve of the cæcum to the anus, as is often the case, that defecation cannot be effected; and, therefore, when purgation is essential to life, this lesion must be highly dangerous or absolutely fatal. From the universal stricture, dryness, and, sometimes, almost cartilaginous firmness of the intestinal walls, enemata, or gum-elastic flexible tubes would alike fail in many cases to render the canal pervious for the purposes of defecation. When we reflect on the anatomy of the colon, including that enormous triangular bag called the cæcum at its origin, its great size, its constant gaseous distention, its thinness (being naturally the most attenuated of all the bowels), it appears difficult to account for this lesion. Do the muscular fibres of the intestines undergo a rigidity and contraction, analagous to tetanus or lock-jaw in the external muscles? Is this an intestinal tetanus, so intense as to sur-

vive the relaxing power of death itself? From the thickness, muscularity, and diminished calibre of the rectum, one might expect that this portion of the great intestine would be more completely closed than any other; but, the contrary happens. Two or three inches above the anus, small portions of enemata are sometimes found.

Without entering upon the pathology of this lesion, I may be allowed to remark, that I have heard a number of yellow-fever patients affirm that, during their whole illness, they never had a single defecation or stool. I have known several, both in convalescent and fatal cases, who, after free purgations during the first day, had no further defecations, or such, only, as I have often found in this lesion, and usually described by the patient as small dry pills. Some of these patients had taken quinine. Is not this salt a constringer of the bowels? I regret that my attention has not been arrested by this inquiry in time to afford me a sufficient number of observations upon which to form a satisfactory opinion. The advocates of the quinine practice would do well to inform the medical public on this subject, as nearly all other modes of treatment, in which quinine is only an occasional element, are too complex to afford exact and unmodified results.

Though this lesion is not positively known to have any connexion with the quinine practice, yet, such practice may increase the morbid alteration, instead of diminishing it.

The above description, it is believed, will apply to a majority of cases in which this lesion is found, though it will, as might be expected, transcend the appearances in some instances: with these exceptions, the picture I have drawn, will not, I trust, be chargeable with exaggeration.

The ante-mortem history or symptoms of this change, though little known, will doubtless be ascertained to a greater or less extent before long. A timely and well conducted course of purgation, with enemata or lavements, assisted with suitable instruments, would probably prevent this affection altogether. Enemata though greatly and generally overrated by physicians, by patients, and by the public, as I humbly

conceive, might be expected to act beneficially in preventing or lessening this lesion.

Case.—Large man from Louisville—the cæcum, colon, and rectum contracted to the size of the thumb, scarcely pervious to the scissors, containing nothing but a handful of small, dry, inodorous, friable, black crumbs or scybala, from the size of a pea to a hazel-nut; the whole of the large intestine being firm, strong, elastic, thickened, blanched, bloodless, and scarcely moist within. I add the following facts for comparison: mouth and gullet full of blood; stomach small, blanched, four ounces of black-vomit, without any bloody tinge; jejunum, blood and black-vomit; the upper third of the ileum gray chylous paste, the residue black-vomit again.

V.—Diminished adhesion of the Hepatic Coats.—*Anatomical Characters:*—The coats bloodless, and non-vascular; on making an incision both the cellular and serous envelopes peel off with facility, in flakes as large as the hand, like the skin from a boiled potatoe, scarcely ever bringing any portion of the parenchyma of the liver; sometimes, the serous coat alone is non-adherent, separating from the cellular coat, which latter maintains its natural adhesions: these membranes appear nearly transparent, very thin, without loss of tenacity, free from blood-vessels, diminished in moisture; the substance of the liver appearing, when denuded, either soft, dry, and brittle, or firm, dry, and brittle, and nearly destitute of blood. If we imagine a liver half-boiled, then macerated, and afterwards partially dessicated, so as to weaken its membranous adhesions, at the same time preserving their strength, and discharging their blood—we will probably have an apt illustration of this lesion, a lesion by no means infrequent or unimportant in the pathology of the liver.

May not the life of the hepatic coats cease, a considerable period before the death of the general system, thereby causing diminished adhesion, loss of moisture, non-vascularity, and anæmia?

VI.—Oyster-like degeneration of the Gall-bladder.—For this comparison I am indebted to a suggestion made by

Dr. C. A. Luzenberg, of this city. This lesion is very common, at least in yellow-fever. The gall-bladder is usually whiter, firmer, tenser, tougher, and larger than an oyster of common size; its walls, from a quarter to half an inch thick, consisting of innumerable threads or fibres, like raw cotton, intersecting a dull-white, semi-opaque, gelatinoid, semi-organized substance, having but little or no serosity; the cavity of the gall-bladder, usually containing a thick and apparently pure albuminous substance, without a trace of bile, though in some few cases, grass-green and dark tenacious bile, and biliary concretions from the consistence of soft sugar, to hard aloes, exist simultaneously with this lesion; the serous, cellular, and mucous coats, free from vascularity, as well as the adjacent parts of the liver; in a few cases button-shaped, though minute, sanguineous extravasations are found under the serous coat—more seldom a faint, bloody tinge in the deposits of the cellular coat.

This lesion does not resemble œdematous infiltration, and is unaccompanied with anasarca in any part of the body. Its firmness of texture and its destitution of serosity show that it is not a dropsy. The hypertrophy of the walls of the gall-bladder, is often attended with a contraction of its cavity; the latter sometimes contains from one to two ounces of albumenoid matter, nearly as transparent as water.

The following instance of this lesion, is taken from a robust subject, from Louisville: it is not so fully described as many others; and the biliary concretions must be regarded as infrequent, though sometimes met with in the anatomy of this malady: The gall-bladder enlarged, walls thickened to half an inch, densely infiltrated with a solid albuminous or gelatinoid substance, giving the whole a dull-white oyster-like appearance; its cavity contained about one ounce of liquid exactly like the white of an egg, free from bile; also, twenty irregular stones, of a dark color, sinking in water, crumbling on firm pressure like fine aloes, being brittle, not staining the hand. On exposure to the air their brittleness increased, so that in falling they broke with a smooth fracture; insoluble

in water; some weighed eight grains each. [Now, after nearly two years they are gray and firm, and have an astringent metallic taste.] These concretions had no nuclei or strata. The mucous coat of the gall-bladder, natural, except its white color.

The interstitial deposite resembles fibrinous or lymphy concretions, rather than serosity. In color, not in consistence, this lesion resembles *œdema of the glottis*, which may be referred to for the purpose of illustration. The following case I saw through the politeness of Dr. Wederstrandt: A young man who died, suffocated, September 11th, 1842, presented the following appearances upon dissection, the same day: The posterior fauces, the glottis, epiglottis, and larynx, presented a uniform white, non-vascular tumefaction, free from ulceration; the sub-mucous tissue in some places, half an inch thick from serous infiltration, being semi-transparent, free from redness, the lips of the glottis touching each other, closing the air passage; the substance of the lungs infiltrated with serosity and with gas.

In the above described change of the gall-bladder, the serous infiltration, the spongy, and the doughy texture of anasarca, are absent. The coats and ducts of the gall-bladder, together with the neighboring portions of the liver and its coats, are free from vascularity, redness, congestion, and swelling. The condition of the liver, usually accompanying this lesion, so far from favoring the idea of serous infiltration, presents more or less dessication, with, in many cases, diminished cohesion of its parenchyma. Whether it be an inflammatory or a non-inflammatory change, I will not undertake to say. If regarded as the former, it affords another instance of the difficulty of defining inflammation, seeing redness, vascularity, &c., are wanting.

May not the absence of the accustomed bile, prove a source of irritation to the gall-bladder, thereby laying the foundation of this alteration. Though, this may be only a sub-lesion, a wheel in a wheel, yet, as it sometimes nearly ob-

literates the cavity of the bladder and its ducts, it might possibly by mechanical obstruction do infinite harm.

VII.–YELLOW, BRITTLE DESSICATION OF THE LIVER.–*Anatomical Characters:*—Dull-yellow, cork, beeswax, or gingerbread color; parenchyma brittle and bloodless, and softened, with more or less dryness, especially in its thicker and more central portion, as if the liver had been boiled,—its parenchyma deprived of blood, and suppleness; breaking somewhat like shortened bread, though appearing destitute of any oily matter; sometimes moderately indurated, but differing from the hard, granulated, hob-nail, or cirrhose liver; never being accompanied, as the latter almost constantly is, with dropsy of the abdominal cavity.

This lesion, whether it belong to inflammatory or non-inflammatory changes, or be the effect of paralysis in the vessels concerned in the capillary circulation, must be regarded as very important in its pathological bearings.

The two most remarkable circumstances in the ante-mortem history of this lesion, seem to be, first, the absence of bile in the fæcal evacuations; and, secondly, tenderness in the liver when pressed in any direction. In order to avoid the cardia, pylorus, duodenum, gall-bladder, great nerves, and their ganglia and plexuses, and the pancreas resting on or near the spine, we may, after relaxing the abdominal muscles, direct the pressure upward against the diaphragm or upwards and outwards against the ribs and right side; or place the fingers on each side of the liver pressing them together without forcing it against the spine. With respect to bile, let it be borne in mind, that when the patient is attacked with fever, his bowels are sometimes loaded with healthy fæces, which accumulate in the large intestines, and there remain without much alteration until death, though in the mean time digestion and the secretion of both healthy and morbid bile, may have totally ceased. There seems to be an increase of heat in the integument, radiating from the liver. These, though the best diagnostics of this lesion that I know of, are nevertheless very unsatisfactory, and therefore, in the absence of

better proof, I may be forgiven for drawing a little from what, perhaps, may be considered imagination. May not this lesion result from fever in the hepatic system (analogous to idiopathic fever in the general system); attended with a kind of semi-combustion, a condition somewhat like approaching spontaneous or idiopathic gangrene, resembling in cohesion or brittleness vegetable matter, such as masses of hay, straw, &c., after being heated to a degree short of perfect combustion.

In this lesion the large vessels are generally filled with blood, perhaps congested so far as the vena portæ and its principal branches are concerned, while the substance of the liver appears bloodless, indicating a paralysis or failure in the capillary and interstitial circulations to a great extent, and referable to an era in the malady considerably anterior to death.

Without adopting the conclusions of the ingenious Liebig, who seems to put pathology, physiology, therapeutics, and the animal kingdom, into his crucible, in order to furnish under the imposing name of animal chemistry, a panacea for the uncertainty of medicine, we may remark that one of the properties which he ascribes to the bile, is that of keeping up the animal heat, by a sort of combustion, "by presenting carbon and hydrogen in a soluble form to the oxygen of arterial blood;" that from seventeen to twenty-four ounces of this "vehicle of carbon and hydrogen," this fuel called bile, are secreted daily into the bowels to be taken up into the circulation, disappearing in the form of carbonic acid and water: now as the bile ceases to be secreted from the liver, the Liebigian theory would seem to suggest that this enormous amount of concentrated fuel, after neutralising the oxygen present in the liver, might like a smouldering fire carbonise the organ in which it originated or was retained, thus committing a sort of pathological suicide, by preying upon itself.

If we view the liver as the great organ of depuration of the general system as well as of the hepatic system, it may, like the poisonous snake which bites itself, die from its own

poison—from a morbid retention of its own secretions, when suddenly arrested—functional causing organic alteration.

In this lesion does not the liver die in advance of the general system? May not its brittleness, its paleness, and the diminished adhesion of its coverings, have some connexion with such a cause?

VIII.—Serous compression or congestion of the Brain.—Considering the mass of names, and especially of synonymes, under which our science groans, it is desirable not to add any more to the ponderous load, without good reason. The above named lesion cannot, however, be ranked under that protracted disease called hydrocephalus, nor with that sudden affection, serous apoplexy, much less with the water-stroke of the Germans; nor is it identical with sanguineous apoplexy, sanguineous congestion, cerebritis, meningitis, arachnitis, &c. Whether it be a primary, or secondary lesion, I shall not stop to inquire. It is often complicated.

I do not propose to enter upon the ante-mortem history of this lesion, such as erysipeloid flushings of the face, throbbing and enlargement of the temporal arteries, pain across the forehead, vertigo on rising, inability in most instances to tell a continuous or circumstantial story, disposition to slumber, ending often in coma, seldom in furious delirium; occurring mostly in fevers, sometimes in consumption, dysentery, &c., in the last stages.

In this lesion the substance of the brain appears natural, and its envelopes are in some cases but little changed; the ventricles contain more or less water; the principal part of the serosity, varying from two to eight ounces, is found in the sack formed by the arachnoid and its reflexion upon the inner surface of the dura-mater, in other words, on the outer surface of the cerebral arachnoid, constituting a stratum of water around each hemisphere, and, of course, compressing the brain in all cases.

IX.—Vascular Collapse.—Opposed to vascular turgescence or injection: the *character* of this lesion is sufficiently explained by its name; the vessels are numerous, enlarged, perhaps va-

ricose, but empty, and collapsed. This appearance is often found in the envelopes of the brain, in connexion with serosity; it may be partly owing to the manner of conducting the dissection, to cadaveric hyperæmia, and other causes, but in any case, it is of much importance, indicating previous hyperæmia, congestion, &c.

X.—Icteroid Deposite.—*Anatomical Characters:*—Cutaneous, adipose, cellular, and sub-conjunctival tissues more or less yellow—in many instances, with sub-arachnoid, and sub-peritoneal gelatinoid exudations, of a yellow color, especially along the course of the lymphatics and their ganglions, near the spine; between the posterior doubling of the mesentery, and in the anterior doublings of the mediastinum under the sternum; with yellowness of the liquor pericardii, but without serosity in the cavities, or in the cellular membrane.

The inquiries into hepatic pathology, suggested by this lesion, are too extensive for the present occasion. *Icteroid deposite* is evidently identical with, or occasioned by bile or some of its modifications. This appearance of the skin and fatty tissue can be produced at pleasure, in the healthy subject, by spreading diluted bile over the skin, and other white tissues.

The Boerhaavian notion of an *error loci*—a doctrine which supposes the circulation of the blood, lymph, and serum, to be carried on by vessels of different calibres, and that the large globules are sometimes forced into the small vessels, occasioning obstruction by an *error of place*—how erroneous soever it may be in its application to the general circulation, has nevertheless one feature (*error of place*) which seems to apply to this lesion in the biliary circulation. This can scarcely be called theory: though, on tasting the icteroid tissues, I have not been sensible of any decided bitterness, yet the color is too exact to admit of any mistake.

The yellowness of the eyes, always attributed, though erroneously, to the sclerotic coat, is confined to a dense cellular web between it and the conjunctiva. This web I accidentally noticed, as early as 1841, and, was not aware, until the

present year (1843), that Dr. Gross had first presented a description of it, in 1839, in nearly the same words which I generally used: he calls it "the *ocular fascia*—a pretty thick layer of cellular tissue," &c.

The following is offered as an example of *icteroid deposite:* A large, middle-aged man, from Louisville, on the 4th of November, 1841, (then five days sick), walked up several long stairways, throwing up black-vomit; senses regular; died fourteen hours after, having used only cooling drinks, &c.

Dissection ten minutes after death:—Skin and sub-conjunctival tissue, yellow. The weight of the body estimated beyond two hundred pounds. Adipose tissue on the chest, abdomen, and thighs, one to two inches thick—the omenta and the mesentery, about the same; the large intestine almost completely enclosed in a cylinder of fat, nearly an inch thick; the kidneys and mesenteric glands, concealed in masses of fat. The fat in the interior estimated at fifteen pounds; that of the exterior three or four times greater; the whole being firm, free from serosity, but every where of a pale, golden color.

The following is a remarkable case of icteroid deposite in all the tissues, susceptible of reflecting a yellow color, the bones excepted. It is proper for me to inform the reader, that while I regard this as a case of yellow-fever, the symptoms did not seem fully to warrant that opinion, until the last or dying stage, which, in connexion with the dissection, appeared decisive. Some very respectable medical gentlemen regarded this as a case of jaundice; others, not less competent, as a case of yellow fever. It matters but little whether the name be jaundice, ague, or parturition, if facts be given.

July 11th 1843.—L. F., born in France, aged twenty-seven, last from Havana, wood-cutter, resident three years, admitted yesterday into the Hospital, sick one week; speaks French only; medium in size; adipose tissue scanty: rests on his back; has a little pain in his forehead; quiet; senses natural; countenance free from stupidity and dejection; respiration, abdomen, pulse, tongue, and temperature of the skin natural; liver, slightly tender upon pressure; skin of an intense yel-

low, inclining to dusky hue; eyes, yellow without injection. Cups—Nit. mur. acid bath.

July 12th.—Pulse, breathing, tongue, and epigastrium, natural; yellowness undiminished. Sponging; 5 grains blue-mass; gum-water.

July 14th.—Senses natural; restless; copious hæmorrhage from the mouth and nose; throws up much black-vomit.

July 15th.—Black-vomit. Death, 10, A. M.

Dissection two hours after death:

Body moderately emaciated, warm; muscles natural; blood, dark, coagulating firmly. In an hour after the removal of the lungs, a clot formed in the pleural cavity along the spine, about a foot and a half in length, and nearly two inches thick, so tenacious and solid that it was lifted out of the chest entire, and, being suspended across the subject's leg for two hours, remained unbroken, having a dull grayish and yellowish color upon its surface. The liver, natural in size and consistence, had a slight mixture of dull gray and cork colors; gall-bladder, distended with a dark colored, rather thick bile, flowing freely through the common duct into the duodenum, by moderate pressure. Fluid and flaky black-vomit in the stomach; blood and black-vomit in the bowels. The skin, eyes, omenta, mesentery, pancreas, portions of the kidnies, urinary bladder, tendons, fasciæ, periosteum, the adipose, serous, mucous, and fibrous membranes in the head, chest, and abdomen, more or less yellow, often of a golden hue, especially in the great tendons, cartilages, and fasciæ.

XI.—Black-vomit Petechiæ.—*Anatomical Characters:*—Small dottings in the mucous tissue of the duodenum, stomach, and small intestines, sometimes like grains of powder, or Indian ink, with which sailors and others mark their bodies with names, pictures, &c., but more generally, like fine, black sand, or charcoal powder; always black; not removable by washing, though not deeply imbedded in the tissue, which is generally of a natural consistence.

I take the following case, at random, from the dissection of a stout man from Louisville: The mucous coat of the duode-

num thin, rough or mammillated, and infiltrated with a fine dust or a powder-like substance, black as charcoal, not removable by washing or gentle friction, but imbedded in the tissue. These small specks, resembling those sometimes seen on the surface of apples, were distinct, but very numerous, giving the membrane a black or gray appearance, according to their concentrated or isolated location. No change of texture in the other duodenal coats.

Is not this the black-vomit matter *in transitu?*

XII.—Œsophageal Apthæ.—*Anatomical Characters:*—Irregular, generally longitudinal patches, and stripes in the epidermic lining of the gullet, without marked change in the mucous tissue, which latter suffers more or less denudation; the white portions of the epithelium, brittle, easily detached. The state of the mouth, stomach, intestines, and gullet itself, do not appear to offer any uniform accompanying appearances illustrative or explanatory of this lesion, which much resembles, at least in color, the mildest forms of thrush or apthæ in children, and is, probably, of no great importance in morbid anatomy.

XIII.—Solar Hyperæmia of the Lungs.—The history and morbid anatomy of this lesion are given in two papers which appeared in the New York Medical Gazette, in the year 1841, one of which was copied into this Journal. (Vid. vol. iv, p. 384, November, 1841—*Observ. on Solar Asphyxia or Coup de Soleil.*) The subject is now alluded to chiefly for the purpose of suggesting a name for the lesion which is there fully described, as well as its ante-mortem history.

This lesion, nearly perfect, has been found in a few instances after rapid deaths from yellow-fever: a man from Louisville, died of yellow-fever; I was informed that he had, in the *last* stage, symptoms resembling *asphyxia.* Dissection ten minutes after death: the entire mucous membrane of the air-passages of a dull red color, loaded with blood; lungs completely distended, filling the chest and crepitant only upon their exterior portions; extensive central infiltration with solidified, jelly-like blood; the pulmonary tissue on being cut in slices

presented smooth surfaces, impermeable to air; the bronchial tubes contained bloody froth. This dead subject has been referred to more than once, in this paper, for illustrations.

I hope I may be permitted to add, not as lesions, but as the names of facts not unworthy of the dissector's attention, the following:

XIV.—Post-mortem Muscular Contractility.

XV.—Post-mortem Capillary Circulation.—In the April number of this Journal, (Art. *Post-mortem Researches,*) these facts are shown to have an application to the physiology and pathology of death. Let it not be supposed that these terms are absurd. They relate to that middle state between apparent and absolute death—that *terra incognita*, where vitality, though extinguished in some tissues, smoulders in others, or quickly disappearing from all, is succeeded by the reign of decomposition, obscuring the foot-steps of disease, like a volcano whose eruptions having subsided, leave the air darkened with cinders and ashes, which, continuing to fall, not only obliterate the traveller's pathway, but conceal the rents or lesions which have, on all sides, scarred and disfigured the face of nature.

Death—The Agony.—The transition through the territory of death—the change from vital to inert matter, presents a sort of interregnum in physiology, and in pathological anatomy, of which imagination has taken advantage, by exaggerating the pains and horrors to which it is incident. Even the language of science is tinged with unwonted severity. The last stage, when, if the patient's understanding be unimpaired, he seldom complains except of inability to sleep, loss of appetite, want of exercise, slight smothering, &c.—the last stage, when often, a deep sleep, with total insensibility and unconsciousness, exclude the possibility of acute suffering, is called the agony—a phrase by far less applicable to death from acute fever, especially and beyond all others yellow-fever, than to deaths from consumption, dysentery, and some other maladies. In the agony, I have known men to talk about small uncollected debts, and matters of far

less importance, or of total indifference, expressing no painful sensations when asked in relation to the subject. I have seen them watch the mosquito to brush it off, and wipe with care black-vomit from their bed-clothes. Particularly have I been struck with the ingenuity with which the mothers of families have interrogated me in the LAST AGONY as to the chances of their recovery, when in fact they felt nothing scarcely of death's advances at the time.

In the last agony the poet Keats said, "I feel the flowers growing over me." The last words spoken by the astronomer Laplace, were: "*Ce que nous connaissons est peu de chose; ce que nous ignorons est immense.*" In the last agony, Dr. Wm. Hunter said to his friend Combe: "If I had strength enough to hold a pen, I would write how easy and pleasant a thing it is to die." Dr. Geo. Fordyce, in the last agony, "desired his youngest daughter to read to him. She read for about twenty minutes, when the doctor said, 'stop, go out of the room, I am going to die'—the attendant went immediately into the bed-room and found him dead."

The following case which I clip from my MSS. outlines of the symptoms of yellow-fever, as illustrated by special histories taken at the bedside, will show that, from first to last, there is not in some cases of this malady any acute agony at all:

Bonar, born in Ireland, aged about thirty, a pedlar in Girod street, of strong constitution, resident in New Orleans seven months, requested my services, at four o'clock, on the evening of August 13th, 1839. He had walked about during the day without being aware of any fever, until the afternoon: understanding natural; *has no pain;* said he could "drink the ocean dry," and felt a smothering at his heart; pulse air-like, without being rapid; skin cool, dusky, yellowish, and moist; eyes red, prominent, with considerable yellowness; tongue reddish, dry, rough; nausea; breathing easy; bowels costive; has taken no medicine. Ordered blue-mass, calomel, sinapisms, bath, &c.; medicine operated mildly in the night; he slept a little twice. He had hiccup; a sensation of

suffiocation; wished to go out into the open air. At 7 o'clock next morning, he sent a police officer to know if he might take a glass of wine or spirits. In five minutes after (before I had time to go two squares) he died; having lived about fourteen hours, from the time at which he first felt any serious symptoms. His wife, fair, ruddy, robust, and young, died with black-vomit, accompanied with abortion, five days before him, leaving a family of young children among strangers. I did not see her until the last stage. Her understanding was clear. Two hours before death, in the most forcible and artful manner, she endeavored to draw from me a direct opinion of the result of her case. She suffered but *little—no pain* except from pressure on the abdomen.

Conclusion.—In drawing up this brief account of the above lesions, I have often trusted to memory, though I could have copied a great many histories made when the subject was actually before me, a proceeding too extended for Journalism.

Since these observations, such as they are, did not originate in the closet, nor yet in a mere compilation of what others had done, I shall deserve the less censure, if in some instances memory has led me into any exaggerations—they are wholly inadvertent. It is possible that some terms used in these descriptions, though exact and just in their application to particular cases, may not apply equally to the average character of the lesion. All I can say is, that I have seen, or I believe I have seen in the dead body, what I have here related.

Written, as this paper is, in the hurry incidental to professional business, I have paid but little attention to its literary character. Without wishing to overrate or even to appreciate, at this moment, the importance which these lesions may possibly possess, without attempting to redeem their barrenness by pathological discussion, I consign them to the attention of the student of morbid anatomy. I regret that I have not leisure, perhaps not a sufficient number of observations, to ascertain by calculation their relative frequency.

Having no theoretical Eureka to uphold, like Adam Warner, in the Last of the Barons, I have not even attempted systematic arrangement in this paper. The Eclectic school, so catholic in its aims, choosing from all systems whatever is the best established as general principles, is the true medical church, which Hufeland has described: "there has ever been an invisible church of true physicians who have continued faithful to nature, have acted under her direction, who have all thought and meant the same thing, who will be understood throughout all ages and in spite of the confusion of tongues." To eclecticism, not to exclusivism, must we look for our morbid anatomy. "It would be absurd to ask the dove to write the natural history of the eagle; it *must* be one sided." (*Mrs. Austin*). The pendulum of theory now vibrates between solidism and humoralism. It may be said there is at this moment an undue bias towards the latter, though there is little or nothing new in the way of observation and experiment, to justify such predilection. As yet the facts offered are too much like the charge of a celebrated judge to the jury:

> "Chief Justice Parker,
> He made that darker,
> Which was dark enough before."

Those who are now fully satisfied with former theories must be so upon the principle by which Ottilie explains resignation—"Resignation, my dear, is only despair."

Genius will ever theorise, and so it should, with proper restrictions and limitations. "All genius is metaphysical; because the ultimate end and aim of genius is ideal, however it may be actualized by incidental and accidental circumstances." (*Coleridge*). Even the rejection of all theory, is in itself a theory. Eclecticism consists of a series of theories or rather of general principles, more or less established. Exclusivism is what the Indians call a medicine-man; by its influence, rather than by its truth, it tyrannises over the minds of the multitude.

Pathological anatomy, alike useful in overthrowing false theories, and in laying the foundation of true principles, is now advancing with an unparalleled rapidity. "The force of intellect all-powerful in the review of the past, is seldom felt in judging of the present." (*Alison's Hist.*) Yet, here, the past is almost nothing—the present almost every thing. If we except a few illustrious names, recently numbered with the dead, what can the past offer in morbid anatomy, worthy of comparison with the works of Louis, Andral, Cruveilhier, not to mention other names now living, and destined to live longer than the pyramids of the Pharaohs.

In pathological anatomy, the range of legitimate theory is, as it ought to be, a limited one. It marshals facts into their proper places, agreeably to their family resemblances, analytically and synthetically. Its deductions are only applications of general facts. Its inductions, ascending from facts to facts according to their order of succession, discover more and more the uniformity and the universality of the facts themselves, without vainly seeking to show, what has never been explained, the absolute or essential connexions between cause and effect. Let those anatomists who explain every thing by the knife—let those pathologists who trace the causes of disease through their chemical processes, reflect upon the following explanation of cause and effect, by Dugald Stewart:

"It seems now to be pretty generally agreed among philosophers, that there is no instance in which we are able to perceive a necessary connexion between two successive events, or to comprehend in what manner the one proceeds from the other, as its cause. From experience, indeed, we learn, that there are many events, which are constantly conjoined, so that the one invariably follows the other; but it is possible, for any thing we know to the contrary, that this connection, though a constant one, as far as our observation has reached, may not be a necessary connexion; nay, it is possible that there may be no necessary connections among any of the

phenomena we see: and, if there are any such connections existing, we may rest assured that we shall never be able to discover them." (*Elem. Philos. Mind.*)

How grating to the ears of the men who have been accustomed to hear the above language from the lips of the late Professor Stewart, of the University of Edinburgh, must be the following language of Professor Liebig, who is expected to succeed to a chair in the same University, during the present year. After asserting that, "quinine, the alkaloids of opium, morphia, &c., combine chemically, by means of their elements forming new, or transforming existing brain and nervous matter—become converted into their constituents"—(how much better to give the genuine article, *brain itself!*) Professor L. holds the following language: "Their action on the healthy, as well as diseased organism, admits of a surprisingly simple explanation. It argues only a want of sense to consider the action of these substances inexplicable." (*Animal Chemistry, appli. to Phys. and Path.*)

A fact, in popular language may be said to be explained, when it is referred to what appears as its immediate cause, though this, in truth, is only saying that one thing succeeds another, and is, strictly, no explanation at all. Pathological explanation, in a strict sense, is too deep to be fathomed with the longest sounding line of sciolism, or of *animal chemistry itself.*

Destiny, was to Jupiter, gods and men, what theory is to physicians; it directs the pen from the beginning to the end of every prescription. When the star of Broussais was at its culmination, in 1833, France, once a large exporter of leeches to the number of millions, exhausted England, Germany, Hungary, Moldavia and Wallachia, importing in a single year, 41,654,300! (Vid. *Dr. Muehry's State of Med*). A thousand scalpels gleamed almost at once in the realms of the dead—"La France," said Cruveilhier, "est désormais la terre classique de l'anatomie pathologique." (*Anat. Path.* p. 5). Nor was this a vain boast, undeserved by the *grande nation.* Morbid anatomy soon clipped the wings of Broussais, dimin-

ished *gastrites*, and lessened the importation of leeches; and, long before this great man died, his doctrine, his popularity, and his authority waned.

Every theory must look into morbid or rather pathological anatomy, to a greater or less extent, for a solid basis, for something like a panacea for the uncertainty of medicine: otherwise, it must continue to be a fruitful source of satire.

New Orleans, July, 1843.

ART. II.—*A New Method of removing Foreign Bodies from the Joints.* By G. GOYRAND, M.D., Chief Surgeon to the Hospital at Aix; Corresponding member of the Royal Academy of Medecine, &c. Translated from the French for the Western Journal of Medicine and Surgery, by E. L. GRANT, M.D., of Louisville.

The generalization of the method of subcutaneous incision is a great improvement in surgery. Every day new applications of this method may be made; it renders exempt from all danger operations which, performed by opening the joint, are very severe and often fatal.

Foreign bodies in the articulations render motion painful, and constitute a serious infirmity, particularly when situated in the knee. Should they be extracted? We know the danger of penetrating wounds of the articulations; and if we consult authors on the results of the extraction of these substances, how often shall we find that this operation has been followed by the most fearful consequences! Richerand performed it twelve times; four of the patients died, and of those who recovered, one, a young girl, was cured with great difficulty. Dupuytren moved a foreign body from the tibio-tarsal articulation: the wound being somewhat irritated in consequence of the concretion not being steadied by the fingers of the operator, fatal arthritis supervened.* In November, 1835,

*Bégin, Leçons orales au Val-de-Grâce. Octobre 5, 1840.

Lisfranc, extracted a foreign body from the knee of a healthy, robust, young man: the patient died. In 1839, the same surgeon again performed the operation, and with a similar result.*

In May, 1839, a man 35 years of age, was admitted at the Hôtel-Dieu of Nantes, who had in his right knee a very moveable concretion. This substance was extracted without difficulty, the patient survived the operation but a few days.†

Roux performed a similar operation on the right knee of a young man, who had been received into the Hôtel-Dieu, for orchitis; a violent arthritis supervened, followed by excessive suppuration, which rendered it necessary to amputate at the thigh; the patient died soon after. Finally, this operation, performed October 5th, 1840, by Bégin, at Val-de-Grâce, was likewise followed by death.‡

We have here cited a number of cases in which the removal of foreign bodies from the articulations caused death. We are generally more willing to publish our success than our failures; nevertheless, we should in vain seek in the periodical collections of late years an equal number of cases in which this operation resulted favorably. When, after the operation, the synovial membrane becomes inflamed, should the patient be so fortunate as to escape death, which unhappily is very seldom the case, he is ever after troubled with anchylosis, as has been proved by the observations of Richerand, Kirby, and Boyer.

With the knowledge of these dangers, surgeons have hesitated to perform this operation, and have sought to render it unnecessary by so placing the substance that it may cause less inconvenience. With this view, some, among whom are Gooch, Middleton, Hays, and Boyer, have suggested the method of pushing it into a cul-de-sac of the synovial membrane, at a distance from the centre of the joint, and keeping

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* Gazette des Hôpitaux, 31 Août, 1839, et 27 Octobre, 1840.

† Journal de la Section de Médicine de la Société Académique de la Loire-Inférieure, 67e Livraison.

‡ Gazette des Hôpitaux, 27 Octobre, 1840.

it in this position by means of a tight bandage, a laced stocking, or a knee cap, in the hope that it will fix itself there by contracting adhesions. Others have thought it best to produce anchylosis by protracted immobility of the limb. B. Bell considers the extraction of these bodies so dangerous, that in cases in which they are adherent, and where consequently their removal would present difficulties, requiring much search and handling of the part, he recommends amputation of the limb.*

But recent improvements in surgery have opened to us new means. The harmlessness, so well demonstrated by Julius Guérin, of subcutaneous wounds even when they penetrate the joints, has suggested to me the idea of a new operation, which will remove this infirmity without involving the least danger. This operation is particularly described in the following cases.

Case 1.—J. B. A., aged 24 years, came to the Hospital of Aix, September 14th. He had in his right knee a foreign body which was very annoying, frequently causing acute pain. This concretion, about the size of an almond, was free in the synovial membrane. On the first examination of the patient, the substance was on the outer side of the articulation. We pushed it above the patella, then to the internal side of this bone, and afterwards under the ligament of the patella, where it was lost. When thus hidden between the articular surfaces, it occasioned pain and swelling of the knee; and would generally reappear when the patient walked on an uneven surface.

On the 15th the concretion was found situated as on the first examination; the knee was slightly swollen and painful. Repose and cataplasms were ordered, and on the following day the swelling and pain had subsided. The patient was very desirous to be freed of his infirmity. Formerly I should not have consented to operate; because I do not think a surgeon ought to perform a dangerous operation, to cure a sim-

* Cours complet de Chirurgie, traduit par Bosquillon t. v. p. 282.

ple infirmity; but the idea struck me that I might in this case, make a new application of the method of subcutaneous incision. I thought to extract the foreign body at two operations. In the first, I would divide the synovial membrane over the foreign body, together with the muscular and fibrous tissues which cover it, and push the substance across the opening into the subcutaneous cellular tissue. In the second, performed ten or twelve days after, when the subcutaneous wound should have become perfectly cicatrized, I would extract the body by a simple incision. This idea pleased me; but I wished to reflect upon it for a few days.

The inquiry arose in my mind, would not these concretions, allowed to remain in the organised tissues, immediately produce suppurative inflammation, which might communicate itself to the articulation? I thought not; these bodies are neither very large, heavy, nor rough; being analagous in their texture to the living tissues; and are so situated that the air cannot penetrate to them. It seemed to me that these circumstances should prevent suppurative inflammation. At what point should the incision be made? The concretion might be moved into any of the situations of the articular cavity. At the sides of the knee, at the articular interline, or very near it, it is covered but by the skin, a fibrous layer, and the synovial membrane; but then I should not be able to fix it steadily. I decided therefore to push it to the upper part of the synovial membrane, into the cul-de-sac formed at this point by the reflexion over the articular surfaces. But then the question recurs, at what particular point of the cul-de-sac? There it would be necessary to make the incision through the anterior straight muscle of the thigh, its edges not being sufficiently separable to allow of the extraction of the concretion. On the inside of this muscle, the cul-de-sac of the synovial membrane is much nearer the articular interline than on the outer side. It would be better to make the incision through the vastus externus. At this point the concretion could be easily fixed by the fingers: the longitudinal incision would divide the vastus externus muscle obliquely,

which would separate so as to allow of the passage of the foreign body. The bistoury I used was stout, narrow, sharp pointed, and fixed on a spring handle. I operated December 22d, in the following manner:

The patient being placed on a bed, I stood at his left-side. I pushed the foreign substance into the outer part of the superior cul-de-sac of the synovial membrane, a short distance above the patella, where I fixed it, continuing to press it from below upward, with the left thumb and index finger. An assistant then raised the skin of the thigh, above the concretion, in a large transverse fold; in this way I brought towards this body a portion of skin originally distant from it. I plunged my bistoury from above downwards, through the base of this fold, and directing the point towards the foreign substance, I cut under the skin, parallel with the axis of the limb, all the tissues that covered the body, which latter I found to be of the consistence of bone: I was obliged to make three cuts before I could divide the tissue, when I felt the extraneous body slip from under my fingers, and found that it had passed out of the articulation. I then withdrew my bistoury, and the assistant let go the fold of the skin. Some drops of blood mixed with bubbles of air escaped through the puncture of the skin, which was situated a short distance above the point where I had cut the synovial membrane. A few bubbles of air remained in the cellular tissue below the opening.

The foreign body had not passed under the skin, as I had wished, but glided between the middle and outer part of the triceps muscle. I left it a short distance above the incision of the synovial membrane.

I covered the wound, which was very small, with adhesive plaster. A thick compress was held by a circular band upon the point where the triceps muscle, aponeurosis, and the synovial membrane had been divided; with the double object of compressing the subcutaneous wound and preventing the retrocession of the concretion, which was above. Contrary to the directions that had been given, the patient left his bed three times on the day of the operation, notwithstanding which no serious consequences followed. The wound in the

skin healed up in twenty-four hours. The plastic lymph, which filled the opening made by the bistoury, formed then a small tumour which, however, was by no means painful; there ensued in the joint neither pain nor stiffness.

I removed the compress and bandage six days after the operation, when I found in the articulation another foreign body the size of a pea, moveable like the first. Two days after, a third presented itself, very nearly the size of the one I had dislodged. This one concealed itself between the articular surfaces, and did not re-appear until the 8th of October; the patient fixed them both on the outside of the articulation, until I arrived. Whilst I examined the two concretions, the smaller one escaped from beneath my fingers and concealed itself under the patella. The larger one was hard, and from the sensation it imparted on friction against the osseous surfaces, I supposed it to be rough. I should have preferred dislodging both the substances by the same incision; but, fearing that the larger one should again become concealed, I decided on removing it immediately, and leaving the other, it being two small to occasion much inconvenience.

The synovial membrane irritated by the foreign body which had remained several days between the osseous surfaces, contained a large quantity of effused synovia. It would, perhaps, have been better to defer the operation, as on the former occasion, until after all irritation should have subsided; but the subcutaneous incision seemed to me so harmless that I did not fear to make it notwithstanding this circumstance. I was aware that on the division of the synovial membrane the fluid would escape, and pass into the cellular tissue, but would not be discoverable the day after the operation.

On the 8th of October, I fixed the foreign body in the upper cul-de-sac of the synovial membrane, a little nearer the median line than the first, but still outside of the straight muscle. The skin was raised as in the first operation, with a single stroke of the bistoury I divided the aponeurosis, triceps muscle, and the synovial membrane from below, upwards. In withdrawing the instrument, I was careful to di-

vide sufficiently the aponeurosis and triceps muscle under the skin. As soon as the deep tissues were divided, the body slipped under my fingers and passed along the blade of the bistoury into the sub-aponeurotic cellular tissue. The subcutaneous cellular adipose stratum being very thin in this patient, the displaced concretion was very near the surface. I pushed it up a short distance above the opening in the synovial membrane, and left it there, on the external side of the wound in the skin. The wound was dressed as in the first operation, and the patient required to keep his bed. The results of this operation were as simple and as happy as those of the first. The day after, the opening in the skin was healed, the effusion of the synovia had entirely disappeared, and the next day A. walked about the Hospital without experiencing the slightest pain. The small concretion which remained in the knee caused no inconvenience.

After the lapse of eleven days, the foreign substances that I had removed from the articulation into the cellular tissue had caused neither constraint nor pain. Were I to leave them there they would become encysted; the first of these bodies had been one month in the place where I had left it; its cyst must be already formed. The patient might now be considered cured; but I wished to finish the operation as I had at first intended. October 19th.—I proceeded to extract the foreign body, which I had last dislodged. Holding it fixed with the left hand, I exposed it by a small incision, including the skin and aponeurosis—then seizing it with a pair of dissecting forceps, removed it. This body was solid and appeared already encysted; so that this second operation was evidently useless. I did not wish to extract the concretion that was under the vastus externus muscle, as this would unnecessarily complicate the operation. The foreign body which I had removed was of an irregular form, twenty-two millimetres in length, eighteen in width, and eleven millimetres at its greatest thickness. One of its sides smooth, regular, and very slightly convex, was cartilaginous; the other, irregular and knotted, was osseous. On sawing this sub-

stance it had the appearance, hardness, and density of ivory, and was covered on the smooth side with a regular cartilaginous layer nearly two millimetres in thickness, having the appearance of a diarthrodial cartilage. This body was situated in the cellular tissue, its cartilaginous surface towards the aponeurosis and the small extremity upwards. The edges of the incision were exactly approximated, and the patient again ordered to remain in bed. Notwithstanding these precautions the wound suppurated, and on the 3d November, it became necessary to re-open the wound to give issue to the pus collected under the aponeurosis. November 14th.—The wound was not yet entirely healed, and there was a dull pain in cicatrix, which, however, did not extend to the joint.

The removal of foreign bodies from under the skin, after they are dislodged, is not in any case a dangerous operation; but, in my opinion, an entirely useless one. Henceforth I shall allow them to remain in the cellular tissue.

Nearly all foreign bodies in the articulations may be extracted by my method. If instead of a hard body, we encounter a cartilaginous one, it will be divided by the bistoury, but the fragments may be as easily dislodged as entire concretions.

These substances are sometimes found attached to the wall of the synovial membrane, by a membraneous pedicle, which may be easily divided. The operation will then consist, first, in cutting the body from its attachment, and then, after the lapse of several days, dislodging it.

Should several foreign bodies be found in the joint at the same time, the incision should not be made until we have brought them all to one point, so as to allow them to pass through the same opening. I should have observed this precaution in A's case, had I suspected the existence of two concretions. Perhaps I ought to have deferred my second operation until the small body which remained in the knee could be dislodged with the large one; but I feared this latter might again disappear between the osseous surfaces; and besides, the other was so small that it could not materially incom-

mode the patient. Should it increase, I will remove it as I did the other two.

I have several times extracted foreign substances from the articulation, on dead subjects. On one occasion, I removed the scaphoid bone of the carpus, after having introduced it into the articular cavity of the knee, by a small opening made at the side of the patella. In none of these experiments did the foreign body pass between the middle and the outer fascia of the triceps muscle, as in A's case; but it invariably lodged itself in the sub-aponeurotic cellular tissue, never under the skin. The subcutaneous cellular adipose tissue is too dense to allow this body to penetrate it. It is of little consequence to the success of this operation whether the dislodged body passes between the fascia of the triceps muscle, or in the sub-aponeurotic cellular tissue; as in either case it becomes encysted. In A's case, in which the dislodged body produced suppurative inflammation, it would have been better had the concretion been near the surface. We should endeavor to leave the foreign body under the aponeurosis; and we shall always be able to do so, if the vastus externus muscle be sufficiently incised.

I place entire confidence in the operation I have just described; it is simple and innocent, and is destined to displace one more dangerous than that for strangulated hernia.

ART. III.—*Cases of Influenza, with Remarks.* By SOLON BORLAND, M.D., of Louisville.

Leaving to those who prefer, and are better qualified to perform it, the ambitious and "delightful task" of discussing the *philosophy* of epidemics in general; I propose to myself the more humble, if not more useful, duty of recording upon the pages of "The Western Journal," a few cases of the INFLUENZA, which has recently prevailed, not only in this city,

but over a large portion of our country—ranging, generally, from the far north-east, to our south-western borders, and probably beyond them.

In doing this, I have no high expectation of adding any thing material to the stock of common-place knowledge, already so abundantly furnished, as well to the unprofessional observer as to the physician, by its almost universal prevalence, and its indiscriminate attack upon "all ages, sexes, and conditions" of the people; nor, yet, of presenting any views of theory or practice, remarkable for originality or value; but merely as a brief but faithful chronicle of the medical times, in relation to this particular epidemic, so far as it has passed under my own observation. I write from notes accurately made at the time—of observations carefully conducted.

Case I.—Mrs. W———, aged about 30 years, of small size and medium development, nervo-bilious temperament; the mother of several children—the youngest of which is now about eight months old. With previous children, has always menstruated regularly during lactation, as, also, with the last, until a little more than two months since, when the discharge failed at the regular period—with lumbar and hypogastric pains; and has thus remained; but her indisposition, on that score, was not such as to induce her to call in medical aid.

Sunday, July 16th.—I was called to see her this morning. On Friday night last, she felt the usual initiatory symptoms of the prevailing influenza: head-ache, sneezing, slight cough, and general muscular soreness. These symptoms have increased in severity up to this time. This is, also, her regular menstrual period. She now has very severe head-ache, her eyes are red and intolerant of light, skin dry and hot, face flushed, she has much hypogastric and lumbar pain, slight sore-throat, troublesome dry cough, sense of fatigue, great muscular soreness generally, and particularly about the chest; tongue thinly coated white, but full, moist, and otherwise natural; pulse 112, full and hard; bowels constipated.

I immediately bled her at the arm, to the amount of ℔iss;

upon which there speedily followed slight nausea, considerable reduction of the force and frequency of the pulse, general perspiration, and abatement of pains and soreness. I then ordered ℞ pil. hydrag. gr. x.—pulv. ip. comp. gr. xij. ft. pil. no. iv. s. one pill to be given every two hours.

Evening of the same day.—She feels much better in all respects. I now prescribed, ℞ pulv. rhei gr. x., ext. colocynth. comp. gr. xx—ol. anis. gtt. iij.—ft. pil. no. vj. s. two of these pills to be given every hour.

Monday morning, July 17th.—There is no noticeable change in her condition since last evening. She has taken only one dose of the pills, and has had no motion of her bowels. I directed the remainder of the pills to be taken. *The blood drawn yesterday morning is deeply cupped, and covered with a very thick and tenacious buffy coat.*

Tuesday morning, 18th.—I do not visit her this morning; but her husband has called, and informs me that her bowels have been freely and easily moved—that her catamenia came on during the night, and that she is quite comfortable, with the exception of a slight cough, and some remains of muscular soreness about the chest when she coughs. I prescribed, ℞ vin. cohclici f℥ss., tinct. lobel. inflat. f℥ij., syr. rhei simp. f℥iss., M. S. a teaspoonful to be given at intervals of two or three hours.

Her convalescence progressed satisfactorily.

Case II.—J. L———, a sailor, aged 26 years, of medium height, and spare habit, of a temperament not strongly marked, but inclining, I think, to the lymphatic. He has usually had very good health. His last voyage, made about eighteen months ago, from Norfolk to New Orleans, was a very tempestuous one, and, in consequence of severe exposure, he had a slight attack of articular rheumatism of the lower extremities; of which, however, he was soon relieved. About the first of this month, after bathing in the river, he had a slight attack of catarrh, of short continuance.

About a week ago, he felt the initiatory symptoms of influenza: head-ache, cough, general *malaise*, muscular soreness,

&c. These symptoms continued and increased in severity, for several days, when he was suddenly seized with a very acute pungent pain in the ball of the right foot, near the root of the great toe, attended with tenderness to the touch, and swelling of the part. This affection soon involved the whole foot, and, in regular and rapid succession, the ankle-joint, leg, knee, thigh, and hip, of that side; rendering the whole limb powerless, with constant acute pain, great heat, swelling, and exquisite tenderness—and, scattered here and there, over the more painful points, there appeared circumscribed red spots on the skin, about half an inch in diameter. Next day, the other lower extremity, and, in daily succession, each of the upper extremities, became affected in the same way—involving the shoulder-joints, and all the muscles of the chest; rendering the patient intirely helpless by his own efforts, and agonized by any attempt of others to move him; and his respiration painful and embarrassed.

Wednesday afternoon, July 19th.—I was called to see him this afternoon, and received the foregoing account: His condition is, generally, as above described. Besides, his skin is very hot, but moist; his tongue is red at the edges, and coated with tenacious mucus; there is no tenderness nor tension of abdomen, but he has had no motion of his bowels for several days; he has no appetite, but much thirst; and his urine is scant and high colored. His *pulse is feeble, small, exceedingly rapid, and intermittent.* (His intellect unimpaired). I prescribed an active cathartic, to be followed, after it had operated freely, by this mixture: ℞ vin. colchici f℥j., tinct. opi. f℥ss., ant. et potas. tart. gr. xij., syr. rhei simp. f℥iiss. misce et solve. S. a teaspoonful to be given him *every two hours.*

Thursday morning, July 20th.—The cathartic had operated well. The first dose of the mixture had vomited him, the second had produced some nausea, but was retained, and the succeeding doses had been borne well. His skin was not quite so hot, but still moist; his tongue not so red, and was fuller and moister, but darker, and more heavily coated. Thirst somewhat abated, but no return of appetite; pulse

more voluminous, distinct, and regular, but not to be counted yet; there is no noticeable reduction of pain, swelling, &c. I directed the same mixture to be continued, in the same doses, but *every hour.*

Evening of the same day.—General condition not materially changed since morning, except, perhaps, the pains are rather more lancinating. The *pulse*, however, has undergone a very remarkable alteration: it can now be distinctly counted, *is* 112, *full, hard, and bounding; but quick, and not quite regular.* I now bled him at the arm, to the amount of ℥ij., when nausea, general and profuse perspiration, and softening of the pulse, with *regularity*, came on. The blood, when drawn, seemed unusually fluid, and was of a turbid, dirty, brown color. I directed the same mixture to be continued, as in the morning.

Friday, noon, July 21*st.*—He slept well last night, for the first time in more than a week; and is decidedly better, in all respects. His respiration is, comparatively, unembarrassed, and unattended with pain, and he can move his limbs a little; those first in the order of attack most freely. He passed urine copiously this morning, for the first time since his attack; and had a spontaneous motion of his bowels, of large quantity, and almost natural character. He has no undue thirst, and some desire for food; his tongue is without redness, full, and moist, and with a thick drab coating. The blood, drawn yesterday evening, presents a remarkable appearance: serum slightly in excess, and of a greenish color; coagulum exactly spherical, with a cup-like excavation at top, regularly formed, about three inches in diameter, and one inch and a half deep, lined with a buffy coat about half an inch thick, nearly, white, and nearly as firm and elastic as caoutchouc. I separated it from the clot, and preserved it in spirits, as a specimen.

I directed the same treatment to be continued.

Evening of the same day.—His general improvement has continued; but he has passed no urine since morning. I directed him to suspend the use of the mixture for the present, and take at one dose, the following powder: ℞ hydrarg. protochlorid. gr. x., potas. nitrat. gr. viij., pulv. rhei ℈j.

Saturday morning, July 22d.—The powder taken last night, has procured two good motions of the bowels, and abundant discharge of urine this morning. But he was restless and uncomfortable through the night, and does not feel so well as he did last evening. He has some increase of pain generally, and in the head, some cough, and a dry skin—pulse 100, quick, and hard. I bled him at the arm again, to the amount of ℔ij., when the pulse yielded, and the skin became moist. I now directed the mixture to be resumed, as before.

Night of the same day, 9 o'clock.—He is much improved in all respects, and is quite comfortable. The blood drawn this morning presents about the same appearance as that first drawn. I directed the same mixture to be continued, as before.

Sunday, noon, July 23d.—His improvement has progressed satisfactorily. I directed the same mixture to be continued; and, in addition, as an external application to the joints, twice a day, with gentle friction, the following liniment: ℞ Sem. dat. stramon. et sem. colchici contus. aa ʒij., ol. terebinth. fervent. fʒviij; infuse for three hours.

His convalescence, from this time, was rapid and satisfactory.

Case III.—Mrs. B———, aged 52 years, has for many years been in very delicate health, and subject to frequent attacks of severe illness, as pneumonia, dysentery, &c. She was attacked, about two weeks ago, with the usual initiatory symptoms of the prevailing influenza, as described in cases one and two. Received medical attention for about a week, without relief; then called in another physician, who has given her some attention, and now calls me in to see her. Dr. M. had bled her at the arm twice, once in small quantity, and once to the amount of ʒxij., and had her cupped over the upper front of the chest, with partial, but temporary relief. He had, also, purged her moderately with blue-mass. For several days past she has had excessive pain in the chest, particularly at the præcordia; and, three or four times a day, spasms of all the muscles of the chest, (and seeming to in-

volve the *heart*) so as to suspend, almost intirely, for the time, from five to fifteen minutes, both respiration and circulation.

Friday morning, July 21*st.*—Found her in a spasm—*pulse very feeble, irregular, and intermittent*—respiration convulsive, and almost impracticable; almost unconscious of every thing, except a severe fixed pain at the præcordia. I made immediate application of Granville's strongest lotion, to the spine between the shoulders, with speedy partial relief; and as the spasm relaxed, I applied it over the seat of pain. In about ten minutes, the spasm passed off; but the pain persisted; and *the pulse rose full and powerful, but somewhat irregular, beating* 84 *in the minute.* I now bled her at the arm, to the amount of ℥xij; upon which the pulse became soft, slow, and more regular; and all her distressing symptoms were much relieved. As her bowels were constipated, I prescribed a pill, of the usual size, composed of equal portions of pil. hydrarg., pulv. rhei, and ext. colocynth. comp.; to be taken every hour, until free motion of the bowels should be procured.

Evening of the same day.—She has taken eight of the pills, without having any motion of the bowels; and has had three spasms during the day. I directed an *enema* of warm sweetened gruel.

Saturday morning, 22*d.*—The enema last evening, produced several very free, but painful motions of the bowels. After which, she felt much better, and passed the night in tolerable comfort; although she had several slight spasms during the night, and one this morning. Her pulse is quite active and strong, except during the spasms; and the pain at the præcordia continues. I now prescribed: ℞ Vin. colchici. f℥j., tinct. lobel. inflat. f℥ss., tinct. opi. camph. f℥iiss., ant. et potas. tart. gr. viij., misce et solve. S. give a teaspoonful of this mixture every hour.

Evening of the same day.—She has had no spasm, and but little pain, since this morning. The mixture has nauseated her greatly, and vomited her twice. Improvement in all

other respects very decided; her pulse is greatly reduced in force, soft, compressible, and regular. I directed the mixture to be continued, but in smaller doses, and at longer intervals; also, use a warm pediluvium, and drink a tumbler of warm lemonade, containing sp. eth. nitros. f℥j., at bed time.

I should have stated before, that, throughout the attack, her urine has been scant and high colored, and voided with pain. She, also, has suffered for several years past, with internal hæmorrhoids, and during her present illness, they have been the cause of the pain attending the motion of her bowels.

Sunday morning, 23*d*.—After using the pediluvium, and drinking the lemonade, last night, she perspired freely, and passed urine more freely and easily than since the commencement of the attack. She has had no recurrence of spasm: and her pulse and skin feel natural. The mixture, which seems to have acted favorably in other respects, produces, now, constant and distressing nausea; although the dose has been greatly reduced, and the intervals of its administration greatly lengthened. In order to avoid this distressing nausea, if practicable, without discontinuing, yet, the antimonial and anodyne, I substituted for the mixture, this prescription: ℞ pil. hydrarg. gr. xij., ext. hyoscyam. gr. xxiv., ant. et potas. tart. gr. ij., ft. m. et in pil. div. no. xij. S. give one of the pills every two hours.

Afternoon.—She has taken two of the pills; but has been so much nauseated by them, that I am sent for. I find other symptoms as this morning. Directed half a pill to be taken at a dose.

Night.—Pills still nauseate, so that I abandon their use, and direct an enema at bed-time.

Monday morning, 24*th*.—Her bowels were gently, but efficiently moved, by the enema last night. She seems this morning to be so far relieved, as to require no further regular attendance.

From this time her convalescence was slow, but continuous.

Remarks.—The minuteness with which I have detailed the history, symptoms, and treatment, of the foregoing cases, leaves but little necessity for remarks to indicate the views of pathology and therapeutics, by which I was governed in their management, or to enable my readers to adopt views of their own. I make the general remark, however, that, in all the cases of the influenza seen by me, and particularly in the foregoing ones, the *inflammatory diathesis* was clearly and strongly marked; and that blood-letting was as clearly and as strongly indicated, as the prime and efficient remedial agent. True, there occurred a number of cases, as it will be found during the prevalence of all epidemics, no matter what the diathesis, so mild as to require no treatment at all. And it may be that most of the cases, however violent, would have yielded to other remedies, not so direct as blood-letting, but operating upon the same curative principle.

It were well for science and humanity, if the simple and comprehensive truth of these admissions could pierce the mental armor of those Polyphemi of the profession, who regard the most enlightened eclecticism as a medical Gallilee, out of which no good can come, and who would immolate whole hecatombs upon the altar of a *specific*. I have called this truth simple and comprehensive; and it is so. It pervades the universe, and is an element in all the varied operations of nature; and in all else, save the healing art, is as familiar, and as commonly admitted, as it is simple. It is, that there are various ways and means, by which the same end may be attained, the same thing accomplished. To deny this, in relation to any thing else than medicine, would justly subject a man to the epithet of idiot or lunatic. Yet, no department of human affairs is more pregnant with its value, or more demonstrative of its force, than medicine. His "cases of emergency" alone, furnish to the physician, who has any practice, conclusive proof of it; for there, by the use of means, which to the uninitiated seem the most *outré*, and unlike aught that had ever been applied to such purposes before, he has often been enabled to accomplish the most im-

portant objects, simply by knowing that the same *principle* of action runs through various and dissimilar means. He who has never overcome constipation of the bowels, by the use of the lancet, and, sometimes, even by a dose of opium, has, I apprehend, cultivated but a limited field of practical observation. It is told, in derision, of a Princess of England, (perhaps of her present gracious Majesty) that, upon learning that a portion of the liege subjects of that "free and happy country" were in a state of starvation, she exclaimed: "I would eat bread and cheese rather than starve!" And yet, this Princess, culpably ignorant as she was, of the condition of her people, was *wise*, in comparison with our medical exclusives, and sticklers for specifics. *She did* know, intuitively perhaps, that the same principle of nutriment was to be found, alike, in the dainty luxuries on which she had fed, and in the very dissimilar articles of homely bread and cheese; while *they*—philosophers, too!—*cannot be taught* that when we would reduce inflammation by *depletion*, that principle may be brought into action by means, either of bleeding, purging, puking, or sweating, &c.; the peculiar circumstances of each case, rendering the one or other of these remedies the more eligible means. I have not run into this digresssion without design. It has not been, however, so much to find fault with the views of others, as to set forth, upon its true ground, my own preference of particular remedies; and, in this instance, of blood-letting. I have said that in this epidemic, I considered blood-letting the prime and efficient remedy. But, after what I have said about exclusiveness, I cannot be understood as contending that it was indispensable to, or alone capable of affording, relief. By no means. I do insist, however, that in *all* inflammatory diseases, the abstraction of blood being the most *direct*, should be the *prime*, and will prove to be the most *efficient* curative means. This is a general therapeutic principle, which I believe to be as sound and immutable as truth itself; modified, however, but only in its *application*, by the variety of cases.

While in the spirit of digression, I must pay my respects

to those practitioners, some of whom it has been my misfortune to meet, who seem to be afflicted with *Hæmatophobia*, (if I may coin a word). These gentlemen, according to my observation, may be divided into two classes, on account of the two kinds of influence under which they respectively, yet alike, manifest their "holy horror" of blood-letting. The one class seem to me to oppose blood-letting for the very reason which mainly induces me to prefer it: because it is a *direct* remedy, in its application and results: because it can be understood and appreciated by the common mind, and is not enshrouded in mystery. Mark—with what unction these same gentlemen will roll an *anti-bilious pill*—measure, with nicest exactitude, an *alterative mixture*—and adjust the scales, "to the ninth part of a hair," in weighing out a *deobstruent powder!* tasting and smelling, the while; and looking as solemn, and as wise withal, as the sage bird of night! Might I venture on a comparison, I would call them a sort of *mental prism*—incapable of receiving into themselves, or of transmitting, the rays of light in *straight* lines, as they come down upon them from the great sun of nature's truth; but *refract* and pervert them to unwise, and sometimes, alas! to unholy ends. To them, it is folly in the extreme, to come boldly out into the light; but the profundity of wisdom, to burrow, like a mole, along the dark and devious track of indirection. The other class, who are certainly the more respectable—because the more honest, seem to oppose blood-letting, because, forsooth, they remember to have heard that, in holy-writ, it is declared—"Whoso shedeth man's blood, by man shall his blood be shed." A literal interpretation of the text, truly! and worthy of the days of witch-craft. It can be matched only by a kindred interpretation of another portion of scripture, once perpetrated by a young lady of my acquaintance. This young lady, at church one day, was dismayed to hear that it was forbidden to use *feathers* for personal adornment. Terror-stricken at the *enormous* sin she had been so ignorantly committing, she hurried home, and incontinently emptying out the contents of the *pillow*, with which she had exaggera-

ted her fair proportions, refilled the sack with a "bale of *cotton*," instead of feathers. And, thus, by a literal *ruse*, was my fair friend enabled, without any "compunctious visitings," and with due modesty, to wear both her conscience and her *bustle*. These instances speak well, doubtless, for the conscientious scruples, and simple piety of these enlightened practitioners of medicine, and of this ingenious young lady; but they make, at the same time, a lamentable, and a ludicrous, exposure of their want of discrimination. These persons seem utterly incapable of distinguishing between the naked act itself, and the motive and object which prompt to its commission. With them, it is a crime to draw blood; whether to destroy, or to save life, is no matter.

It is a dogma of a noted charlatan, whose followers are, even now, scattered over this land, that "the blood is the life of man;" and that, therefore, to shed a *drop* of it, is, *pro tanto*, to be a murderer. "'Tis true, and, pity 'tis, 'tis true!" that this absurdity is not limited to "the blind followers of the blind;" but attaches, with disgraceful and fatal tenacity, to some who claim, by right of *parchment* too, a joint-tenancy in the domain of medical science.

Again, there are others, who are driven from the abstraction of blood, by fear of the goblin-sprite *debility!* which, with the damps of death distilling from its wings, has too long hovered over the morbid world. To these last, I would suggest that, in a vast number of cases, debility is but a *simulation*, and, consequently, is then most readily removed by blood-letting; while, even in those cases where it is really present, certain modifications of this remedy are, still, the most efficient means of relief; for, let it ever be borne in mind, that *debility*, however certainly present and prominent, in any case, is always a *symptom*—a consequence, and never a *cause*—or essential character of disease. And to all, whether the lovers of *indirection*, the tender of conscience, the followers of the charlatan, or the slaves of their own timidity, I would say without the fear of successful contration, that for every *single* case wherein they can show me

the evil consequences of blood-letting (though I will not deny that evil has followed it), I will point to hundreds who, for want of its timely use, "have died of medicable wounds."

I will return now from these, perhaps unprofitable, digressions; and conclude this paper with a few remarks more directly bearing upon the subject in hand, and particularly upon the cases I have reported.

I repeat, that in all the cases of the influenza which I saw, the inflammatory diathesis was strongly marked. In some cases, as is found in all epidemics, the attack was so slight, that nature was competent to her own relief; but even in these, the tendency was to inflammatory engorgements in the most exposed and susceptible tissues; and analogy warrants the belief that depletion of some kind, particularly blood-letting, would have hastened the cure. In more violent cases, the inflammatory action was more decided; but yielded readily to depletion, as bleeding and gentle purgatives. In my own case, which was among the first that occurred in the city, and quite threatening from the rapidity and violence with which the inflammatory symptoms were developed, the disease was arrested almost at once, by one very free bleeding (nearly ℔iv.), and a gentle cathartic. In several similar cases, but little more was required. But, in the cases of greatest violence, such as I have reported, and particularly the last two, other and more persevering treatment was demanded. It will be seen that in them, I not only bled, but purged, and used other active remedies, of known power to reduce inflammatory action. In rheumatic inflammations, and other affections wearing their livery, I had been long accustomed to use, with success, tartarized antimony combined with opium. Finding, in these cases of influenza, a strong family likeness of rheumatism, I resorted, with confidence, to this potent remedy. At my own suggestion, I should not have used the colchicum or lobelia, either singly or in combination. I was induced to do so on the advice of my talented friend Dr. John R. Buck, who, at the time, was using the particular combination I prescribed, with marked advantage, in many cases of influ-

enza, and analogous affections. He was led to use it himself, and to recommend it to me, in view of the strongly manifest rheumatic and bronchitic symptoms coexisting in all the cases. In his cases, Dr. B. is satisfied of its efficacy; and his judgment is to be relied on. But, where I used it, I used, at the same time, other well tried remedies which, heretofore, had not failed me in time of need; and I am not prepared to say how much of the cure must be ascribed to the new, and how much to the old remedies. It is but right, however, to add, that in a few cases of a very mild character, where I was requested to prescribe for a cough, and slight muscular soreness, I prescribed the combination alluded to, on account of its neat and eligible form, and was gratified to find it intirely successful.

Of the particular cases reported, I will remark: That case number one, was, as regards the symptoms peculiar to influenza, but little beyond the average of severity. The main suffering of the patient was caused by the complication of painful amenorrhœa. Case number two, was among the severest, if it were not the very severest, that occurred in the city. I have never seen any case of disease where the inflammatory action ran so high, and, at the same time, involved so extensively the fibrous system. From the neck, downwards, no muscle, ligament, or cartilage, seemed exempt. I am satisfied that the diaphragm, and the *heart*, were seriously implicated. To this last, I attribute the peculiar character of the pulse. It will be remembered, also, that the blood in this case, presented a remarkable appearance: the form of the clot, and the great amount of *fibrous crust*. If the buffy-coat be, as is generally held, the sign and *measure* of inflammatory action, then this may well stand at the head of inflammatory cases. I think, however, I have observed, that, *cæteris paribus*, the fibrous crust, or buffy coat, of drawn blood, is always most abundant in inflammations of fibrous tissues, particularly in rheumatism. I have never observed it in the simple phlegmasiæ of mucous membranes. Does this accord with the observations of others?

Case number three, was one of great severity. There were circumstances, however, well calculated to exacerbate all its symptoms beyond the ordinary range of the epidemic. The feeble health, and excitable condition of the patient, particularly of the nervous and circulatory systems, owing to previous severe and exhausting attacks of various and complicated diseases, rendered her peculiarly liable to suffer exceedingly, and even to sink, under any present attack, of even ordinary severity. Besides, the case had been either neglected, or treated very timidly in the beginning. So that, we found not only a bad original subject, but one in which disease had been allowed, almost unmolested, to take a firm hold, even of the very heart-strings. This last is literally true; for that the heart, in this case, was seriously involved, no one can doubt who will study the case. Indeed, when I first saw her, such was the extraordinary vigor of the pulse, that, taking into account the age, feeble frame, and delicate health of the patient—particularly as she had been long subject to pain in the chest, occasional difficult respiration, and palpitations of the heart, I suspected the existence of chronic hypertrophy of the heart, upon which had supervened the acute *carditis*. The result of the case, however, removed the suspicion of hypertrophy.

It was my purpose to have prepared the foregoing cases, &c., for the September number of this Journal; but I have deferred it until now, in the hope of being able to compare notes, usefully, with some of my correspondents, both north-east, and south-west, of this place; but, in the main, I have been disappointed. My esteemed and intelligent friend Dr. J. Robert Ward, of Maryland, alone, furnishes me information which I can turn to useful account. In his letter of 22d August, he gives me a very clear and interesting account of the influenza, as it prevailed at, and in the vicinity of, his residence—*Clear Spring*. The symptoms, as described by Dr. W., correspond very accurately with what I have observed and described. A tolerably close correspondence, too, may be observed in the treatment pursued by each. In his

own words:—"I have used the lancet, salts and magnesia, salts and soda, and followed them up with tartar-emetic, and tr. of opium." He further observes, that: "when more active cathartics were used, a troublesome diarrhœa was the result." As to the pathology, Dr. W. expresses views not so accordant with mine. At first, he believed, with me, that the disease was decidedly inflammatory; judging both from the symptoms and the effect of remedies. Subsequent observation and reflection, have shaken, if not changed this opinion; and chiefly because the disease was of such short continuance (rarely continuing, with any severity, "more than thirty hours") and yielded so readily to comparatively mild remedies. He inclines to the opinion that the seeming violence of the symptoms, and the great suffering of the patients, resulted from exalted sensibility, which might be characterized as a *nervous erethism.* Had I not, already, occupied too much space, I think I could easily show that this, although plausible, is not the proper view. But whether his or my pathology be true, he considers the proper treatment was the one pursued. He deems the colchicum and lobelia particularly adapted to his view. Without controverting any of his opinions, I conclude by tendering him my respectful and sincere thanks for his kindness and courtesy.

Louisville, Sept. 22d, 1843.

Selections from American and Foreign Journals.

Medical Faculty of Minorca.—The Faculty at the Balearic Islands are under the direction of the Royal Medical Junto at Madrid, without whose license no one is permitted to practise medicine or surgery within the dominions of Her Catholic Majesty; and all persons violating this law are subject to a heavy penalty which may be imposed by any of the courts. This statute, intended for the promotion of medical science, is in reality, the great obstacle in the path of the advancement of the character of the profession in Spain; for the license can always be purchased in the present crippled state of the public treasury, and the course of professional education and examinations, necessary elsewhere, is not required to procure this royal permission. The medical sub-delegate for Mahon is Dr. F. Hernandez, a gentleman of liberal education and handsome professional acquirements; and there are several other men here, at the head of whom stands Dr. Sancho, whose abilities and gentlemanly deportment would secure to them a high rank, wherever such qualities are appreciated; but amid the ignorance and prejudices of Mahon, their light is under a bushel. These men are eclipsed in their professional celebrity by a host of uneducated and illiterate *Medicos*, who by means of bribes have obtained the royal licence; and, dealing in the nostrums and adopting the popular prejudices of the superstitious natives, they not only monopolize the practice, but what little money is paid for medical advice, is sure to fall into their hands. At the head of these is a man of much natural tact and cleverness, and who has not only placed himself at the head of the practitioners, but has also made himself one of the leading citizens of the Island. In early life he followed the avocation of a barber, which probably initiated him into the gossip and tattle which, even in more refined and fashionable cities, form so neces-

sary a qualification for the success of the physician. To this, he unites great moral courage; he boldly plunges into every operation, and usually succeeds in making it redound to his credit, however fatal it may have been to his patient. It is scarcely necessary to add, that this is the individual who boldly plunged the knife into the popliteal aneurism of Mr. V., before mentioned, which occasioned his premature death. The British consul exhibited to me a urinary calculus, which this surgeon had extracted, a short time before our arrival; but unfortunately the patient, a shoemaker, had been taken from his work-bench, without any preparatory treatment, to the operating table, from which he was carried a lifeless corpse; and the stone was not removed until after his death. This individual monopolizes the most lucrative practice of the city; and with an ostentatious display of his property, throws into the background all his professional opponents. There are but few horses at Mahon, and to be able to keep one is the most conclusive evidence of being a *cavallerio.* This man accordingly makes his daily rounds to his patients, mounted. As Dean Swift says—

> It is indeed a very sorry hack,
> But that's of course,
> For what's expected from a horse,
> With an apothecary on his back.

Carrying heavy holsters and pistols, with a golden band around his cap, this disciple of Æsculapius looks but little like an humble practitioner of the healing art.

In consequence of our introduction to surgical practice in the case of aneurism before mentioned, we were asked to do several operations, which gave us a reputation that would not have followed elsewhere. Cases flowed in upon us with great rapidity, from all directions, and in this way most of the remarkable cases came under our observation. Thus we learned much of the state of the profession, from the treatment pursued in those cases; and among these processes of cure, charms, amulets, and the superstitious influence of the Church, had a large share. The priest sells amulets to ward off and cure the tertian fevers; keeping a cross, they say, made from the fig-tree, over the heart, will have the same effect; and eating salt, while looking at the new moon, will also prevent fevers. We will not deny, however, in view of the influence of mind upon the physical frame, that the recurrence of a tertian, kept up perhaps by habit, may thus be sometimes prevented; but if these practices are not regarded

by the reader as absurd in the highest degree, the two following examples will certainly rank as such.

We were called in consultation in the case of the wife of the Dutch consul,—a most estimable lady, with an interesting family,—who, at the time of our seeing her, was almost in *articulo mortis* from intussusception. In this condition, a sheep was brought into her chamber, slaughtered at the side of her bed, the omentum taken warm and reeking from it, and placed upon her abdomen,—a remedy that the native physicians assured the family would give immediate relief. On another occasion we were called to see the child of Orfila, a connexion of the distinguished President of the Medical Faculty of Paris, who is a native of Mahon. We found the little patient in the last stage of hydrocephalus; the pupils were dilated, and sensibility almost destroyed. On the crown of the head, a pigeon had been tied, the poor bird having been cut open and applied warm with the feathers on, the blood at the same time streaming down the little patient's face, imparting the most forbidding aspect, as it lay upon its mother's arms. The doctor, during the same time, was lecturing, in a pompus and boisterous manner, upon the virtues of a warm dove—the emblem of innocence—applied to the head of an innocent babe, to draw out all the bad humors which may have collected there.

The medicines in universal repute for almost every disease which "flesh is heir to," are Morrison's pills and the purgative mixture of Le Roy. The former is for sale at every shop in the country, accompanied with a pamphlet in the Spanish language, printed in London, setting forth, in glowing colors, the incredible virtues of this panacea; all of which is readily believed by the ignorant, who swallow these pills without limit. Many instances of their injurious, nay fatal consequences, came under our observation. Among these was the case of a paymaster in the Spanish army, who, after six years of active service in the field, during the civil war, reached Mahon, worn down and exhausted by the incessant labors and exposure of the camp. Immediately after his arrival, he was placed on the use of Morrison's pills, taking large doses of them daily. The excessive purging increased the prostration under which he had previously labored, and mortification took place in one foot, which, after great sufferings, came off at the ankle. In another case, of an old friar who had suffered for years from asthma, these pills were directed in immense quantities, which were increased as he grew worse. At length, unable to take the pills, they were dissolved and ad-

ministered in solution; and we were informed by Sintès, a most respectable druggist, that within six days he had taken more than five hundred pills,—a cause quite sufficient to put a period to his existence. Whatever good these pills may have accomplished in England, the evil that they have occasioned in this little Island will more than counterbalance; and it is much to be regretted, that such remedies are sent abroad, with all the emblazonry of noble patronage at home, only to deal misery and death among the unfortunate and too credulous, who suppose that, because they come from Britain, where the medical profession are known to possess so much ability, they must necessarily be useful for all the diseases for which they are recommended. Upon the mercenary authors of this wholesale murder rests a fearful and a dreadful responsibility, and although they may escape human laws, yet a retributive justice awaits them hereafter.

Our practice being in every case gratuitous, it soon became extensive; and we rejoiced to have it in our power to assist, by medical advice, the large number who were suffering from the want of it. But when fully engaged in the midst of our career, we were officially notified by most formidable bulletins from the medical sub-delegate, that, in consequence of our not having a licence from the Government at Madrid, we must for the future desist in our practice. At the same time, we were informed by him, that it was, on his part, only a matter of form, which he was compelled to adopt in virtue of his office, and that we might continue to render our services as heretofore. He assured us that there would be no further proceedings in the case; and, accordingly, we continued to prescribe and operate whenever necessary; and in every operation of importance, a majority of the faculty, with the medical students of the town, were always present. In a short time, however, we were duly ordered to appear before the chief-justice of the Island, and answer to a long series of charges for operating and rendering medical advice, in various cases duly mentioned, after having been notified by the proper officer to desist.

Trial by jury is here unknown, but fortunately the judge, before whom the case was brought, was our friend in return for some small service rendered to a member of his family. These proceedings at court were conducted with an ingenuity which would have been creditable to a Philadelphia lawyer, or some of the gentlemen of the long robe at Westminster Hall. We will, therefore, mention one or two of the most important points. The first case mentioned in the indictment

was for having extracted a cataract from the eye of Mr. Escudera, in the presence of some ten or twelve of the citizens of Mahon; and although all these gentlemen were present, yet the fact of the operation was not proved to the satisfaction of the court. One did not look on while operating, another did not see the lens extracted, a third did not know the day of the month on which it was done, and a fourth stated that it was in the afternoon and not in the morning, as set forth in the indictment; all of which was deemed sufficient to acquit us of the charge. During the investigation, the judge received several abusive threatening anonymous letters, the authorship of which was attributed to one of the native physicians, who, upon being charged with it, plead "not guilty." The writing was disguised, but, unluckily for the author, the very fact that he did not find an education necessary to the art of physic, served for his conviction; for, as the letter contained many errors of orthography, the judge directed him to write a copy of the letter as it was dictated to him in court; and, when compared with the anonymous letter, unfortunately for him, every error was found to correspond precisely, notwithstanding the handwriting was entirely different.

The decision of the court was in our favor, and the cost, amounting to forty dollars, was ordered to be paid by the Medical Association of the place; but this event was followed by an open declaration of war on the part of the united faculty, who drove us from the field by the following formidable document, through the hands of O. Rich, Esq., U. S. Consul, and Commodore Isaac Hull:—

"*Subdelegation of the Medical Junto at Mahon.*

"Sir,—It has been repeatedly complained of to the Medical Subdelegate of Mahon, that you gave and still give advice, and practice as a Physician and Surgeon among the citizens of Her Catholic Majesty's dominions, without the Royal licence. You, are, therefore, hereby notified, positively and peremptorily, to discontinue all such practice for the future; and you are not permitted to perform the functions of a Physician or Surgeon to any other individuals than the Anglo-American citizens of your own country.

"I kiss your hand,

"F. HERNANDEZ, *Medical Subdelegate.*

"J. M. Foltz, *Surgeon U. S. Navy.*

After the reception of this missile, we declined giving our advice to such as applied for it; but a few days after, a child was brought to us from Barcelona, in Spain, with club feet,

which was of proper age and in an excellent condition for an operation. At the same time, a lieutenant of the Spanish army applied for aid, with a permission from the governor for us to prescribe in his case, which we offered cheerfully to do, on condition that permission would be also given to operate on the child; but this his excellency refused to grant. Still desirous to relieve the child, which had undergone the dangers of a voyage at sea for the purpose of having this operation done; we proposed to operate on board one of the ships of war in the harbor; but the father, a British subject and a man of some property, prudently declined, as he was convinced should we operate after the positive refusal of the governor, that the opportunity would be gladly seized upon to impose on him a heavy fine. The child was, therefore taken to Marseilles, at the hazard of another voyage at sea, to have an operation done, which could have been performed here in two or three minutes.

We have been particular in detailing these cases, as they will not only give a correct idea of the condition of the medical profession in Spain, but will also apprise the reader of the oppression of the government. The only hospital or charitable institution at Mahon is an hospital for foundlings, which is liberally endowed, having at this time about one hundred names upon its register entitled to its charities, among whom are twenty-seven children. Every child deposited here can ever after claim the shelter of the institution; and, although usually placed out to masters as soon as they reach a proper age, yet they ever look to this establishment as their home in after life. There is throughout the Island no dispensary for the distribution of medicines to the poor; and, so far as we could judge, there is but little charity to them from the medical men. They are, indeed, compelled by their own wants to ask some remuneration for their services, insisting usually upon some fee, and being willing to take the most trifling amount rather than go away empty-handed. As we were ordered, shortly after these doctors' quarrels, for service afloat, the little ill-will occasioned for the moment was soon "in the deep bosom of the ocean buried." We shall, indeed, ever rejoice to hear of their individual and united prosperity, for there are among them many of whom we shall ever have the most agreeable and pleasing recollections, and we shall pray that the causes which have occasioned their present humble position may speedily be removed.—*Dr. Foltz* in *New York Journ. of Medicine.*

Necrosis of the Skull.—By O. Hill, M.D., Detroit, Michigan.—On the 13th of February last, whilst residing in Niagara county, New York, near the Falls, I was called to examine a female patient, aged about 45, laboring under extensive disease (necrosis) of the skull, of long standing. Her short history of the case was as follows:—About twenty-five years since she received an injury upon the left side of the head, from the falling of a stone from a building, which produced, as was then supposed, a slight fracture of the outer table, with severe concussion, rendering her insensible most of the time, for ten days. She recovered, however, under ordinary treatment without an operation, so far as to be able to go about her usual business. From that to the time of my first visit, has had at intervals, partial derangement of the mental faculties, confusion and want of consciousness of time and place; continuing sometimes for a few days, but remembering with accuracy all that happened up to these periods, and afterwards. Partial paralysis of the superior extremities of the side affected, and general wasting of the muscles and integuments. Small ulcers occasionally opening at different points in the scalp, discharging more or less sanious matter, which always relieved the confusion of ideas at the time. These openings would again close and remain so, sometimes from one to three years. About five years ago, as she says, "she was exposed to severe cold and froze the top of her head." Immediately after which, two large openings appeared, the size of a quarter of a dollar, one directly over, and within an inch of the left superciliary arch; the other an inch above the middle portion of the lambdoidal suture. From these ulcers a profuse discharge has constantly kept up for the last three years. On examination I found a small spicula of dead bone pointing at each of these ulcers. Seizing the two points with strong forceps, the whole left side of the skull seemed to be slightly moveable.

The constitution of the patient had become so enfeebled by the long-continued exhausting discharges, and her situation and circumstances not very conducive to recovery, I deemed any operation, at this late period hardly warrantable. However, as the patient and her friends were not only willing, but very anxious that something should be done, I resolved to undertake the removal of the dead bone, as the only remaining chance for her safety—as the system was fast sinking—and even this afforded but little encouragement, for it was impossible to foretell the nature and extent of the operation

required, by an external examination. The inference was, that the powers of life must soon yield, and that any operation, however hazardous, would not materially hasten that period. This was the sensible reasoning of the patient.

The patient having already prepared herself, was placed on a seat, with the head inclined towards the *only window in the house*, and well supported by an assistant; I proceeded to divide the scalp, carrying the scalpel from one opening to the other, a distance of about seven inches, half an inch to the left of the median line, or sagittal suture. This at once exposed the whole extent of the bone, it being denuded mostly of its pericranium. After securing two or three branches of the occipital and temporal arteries, as they were much enlarged, the scalp was thrown off each way from the incision. On the left side the dissection was carried to within an inch of the squamous suture, before the outline of the disease could be determined in that direction. The left parietal bone was loose, and easily separated from its fellow, at the sagittal suture, so that the elevator could be introduced without the use of the trephine. Here a difficulty occurred in raising the dead bone, as it embraced all of the parietal, anterior to the parietal foramen, and more than half the left os frontis, so interlocked with spicula of new bone, that to throw out so large a piece, with its ragged edges, the elevator under one side only, would probably endanger the brain. I next proceeded to divide the dead portion with the cock's comb saw, near the line of the coronal suture, then by means of two or three elevators, raised and removed the frontal portion first, a partial line of demarcation having taken place. Here the saw also became necessary, as many points of new bone were found shooting and interlocking into the dead portion, requiring to be separated before it would yield to prudent force; then raising the sagittal edge of the parietal over its fellow, I drew it forcibly from its connection with the os temporum, at the squamous suture. This at once exposed the entire superior surface of the cerebrum of the left side, covered at rome points with pus and sanious matter, presenting the appearance at first view of one general diseased mass. The dura mater was wanting, as was also the pericranium—the disease having extended from the external to the internal surface, and throughout its whole extent.

Here many points of deep interest attracted our attention. On clearing away the matter, the brain, with its pia mater in perfect order, was seen packed away, as if intelligently avoiding injury, occupying the lower part of the cavity, leaving a

space above between it and the bone, of an inch and a half, or more, and by its violent pulsations gave abundant evidence that it was still striving to perform its functions. The longitudinal sinus was seen enclosed in its fold of the dura mater, having been detached by the ulcerative process from the dead bone, but adhering firmly to the healthy side. I do not mean to be understood that the whole of the parietal bone was removed. A line drawn from the parietal foramen to the highest point of the squamous portion of the temporal bone, would be about the line of demarcation. Thus avoiding most wisely, the principal branches of the great meningeal artery—leaving, of course, the temporal and occipital angle of the bone sound. The patient was calm and collected during the whole operation, which occupied nearly half an hour, answering questions intelligently, except for a moment when the brain was first exposed; and when attempts were made to clear the surface, she seemed drowsy, complained of deafness, and inclined to faint, but soon roused by the use of diffusible stimulants and wine.

The wound was cleansed, scalp replaced, and secured by sutures and straps, and the patient put to bed—feeling, as she expressed herself, much better than she had done for years before. Previous to the operation for a long time, she had been afflicted at times with extreme pain down the left side of the neck, extending to the left lung and stomach, occasionally cramp of the left arm and muscles of the neck, twitching of the left eye, &c. All these difficulties ceased the same day of the operation, and have not returned up to this time. The patient was immediately put upon a liberal nutritious diet of animal food and porter, and every attention paid to her comfort. No unusual degree of inflammation arose. The scalp healed kindly by the first intention, osseous matter soon began to be deposited, and up to this time (six months since the operation) has continued to do well. Bony arches are shooting over at many points, which, with a slight approximation of the sides of the opening, is fast forming a substantial covering. A small opening was left for a few weeks, at the anterior axtremity for the exit of matter, through which the brain could be seen gradually expanding, and apparently resuming its functions. The patient walks and rides, is cheerful and intelligent, and bids fair to repair the breach yet to a very considerable extent.

Perhaps it may not be unworthy of remark, that the facts in this case, go to establish a physiological *fact* of vast practical importance, that the human system, physically and men-

tally, is made up of two distinct halves or parts, that their functions are not necessarily connected, but may, and do, go on independently. I say of vast importance, in a practical point of view, because it teaches us that lesions of structures, and even a total loss of portions of the most important organs, do *not* stop the machinery, or necessarily prove fatal to the animal. Hence we might often be induced to resort to remedial measures, and as often be astonished at our success, in many cases that are now abandoned to their fate, through the timidity of the practitioner, to act with boldness and decision. As in the foregoing case, one half of the cerebrum was packed away, its healthy functions suspended, and therefore useless, if not destroyed, as was evinced in the corresponding deviations from healthy action in remote parts depending upon it for their sensations and motions, if not for their vitality. Yet the nutritive, respiratory, digestive, and and all other functions, the senses, &c., were carried on, as it appeared, for years with sufficient force and regularity, for all ordinary purposes. The other animal, or the other half, must have been in a comparatively normal condition, to have sustained all these functions alone, *so* perfectly, and no direct connection, nervous or otherwise, could have existed between the parts diseased, and the corresponding healthy parts. This case may also serve to establish the notion of the insensibility of the upper surface of the brain; at all events experiments of this sort, upon the living organ itself, is the only way to arrive at any conclusion on this point. In this case the effects upon the nervous system did not seem to arise from irritation and disease of the surface of the brain, but from pressure by the pent up matter, and thickening of parts. The brain was handled, sponged, and thoroughly cleansed, without any evidences of pain in the part, or extremities—the patient only appearing a little dull, from pressure of the sponge. Besides, all the unpleasant symptoms, before mentioned, as indicating disturbance of the nervous system, subsided immediately on removing all pressure, leaving no traces of irritation or inflammation. I forbear any further comments.—*Boston Medical Journal*, Sept. 13, 1843.

Extraordinary Case, in which the arm was torn off at the Shoulder-joint, by machinery, communicated to Prof. Willard Parker, by Jas. S. Cooper, M.D., *of British Guiana, South America.*—I was called to a neighboring plantation to see

Daniel, aged about 7 years, son of one of the laborers. On arriving, I found a case of a very serious nature. The boy, while playing about the sugar-mill of the estate, had been caught in some of the machinery, and his left arm was torn off, bringing with it about two-thirds of the scapula. The deltoid muscle was carried away entire, and the trapezius was torn from its attachment to the clavicle, the naked end of which bone was protruding through the wound. Notwithstanding the very large amount of surface exposed, there was not the slightest hemorrhage, although reaction had fairly taken place.

With the assistance of Dr. Walker, the medical attendant of the estate, I proceeded to dissect out the remainder of the scapula, (the inferior and posterior portion). A little bleeding ensued from the scapular arteries, but it soon ceased on pressure being made. Then, with a small saw, I removed the external third of the clavicle. As there was no necessity for tying a single vessel during the whole operation, the wound was now closed with sutures and adhesive straps; and the dressing was finished, by applying a compress and roller around the body. The patient bore the operation well, and soon after fell asleep.

Dec. 16.—Considerable febrile action—pulse 120—tongue furred—wound rather painful. Ordered a slight purgative and left him.

20th.—Every thing has gone on well up to this day; the wound was dressed; about half of it had united by the first intention, and the remainder is suppurating kindly. There is no fever; and the patient is every way comfortable, sitting up in bed, he having taken a full meal. The sutures were removed; and from this time onward he recovered rapidly.

New York Journal of Medicine.

Emmenagogue Medicines.—Of emmenagogue remedies, or those medicines that are supposed to possess a specific power over the womb, and which have been resorted to by medical men in cases of amenorrhœa for reproducing the menstrual secretion in conjunction with the general treatment, the following appear to have proved most successful.

Savine—from five to ten grains of the powdered leaves three times a day, or a drachm of the compound tincture twice a day.

Dr. Locock recommends a combination of myrrh, aloes, sulphate of iron; and the essential oil of savine.

Ergot of rye—five to ten grains of the powder two or three times a day, boiled in a little milk. In very irritable habits the ergot must be cautiously administered, as it has been found, after a few days, to produce sometimes violent and even highly dangerous spasmodic attacks.

Iodine in form of tincture, with hydriodate of potash—ten to twenty or thirty drops, two or three times a day.

Strychine—one-tenth to one-fourth of a grain, two or three times a day. This medicine must be suspended for a few days, should headache or twitching of the muscles follow its exhibition.

Madder, myrrh, guaiacum, mustard-seed, valerian, electricity, aloes, have all had their advocates.

In Dr. Ashwell's report of obstetric cases, vol. iii., Guy's Hospital Reports, out of nine cases of amenorrhœa admitted into the hospital, seven simple and two complicated, "six of the simple cases occurred in the persons of delicate females, and the remaining patient was a strong, active, plethoric girl of nineteen. The former was treated by aperients and metallic tonics; four employed the ammoniacal injection with benefit; while electricity in some cases seemed to be of great service in exciting menstruation."

In cases of *amenorrhœa combined with epilepsy*, Dr. A. employed the following formula, recommended by Dr. Bright:—

℞ Pulv. digitalis, gr. j.; Pulv. myrrhæ, gr. ij.; Ferri sulphatis, gr. j.; Syr. q. s. ft. pil. ter die cap.

"Under this treatment the fits became diminished in number, and the menstrual function normally established."

Braithwaite's Retrospect.

The Free-and-Easy Style.—The greatest attainments in medical science will not of themselves compensate for the due reserve and decorum which characterise the gentleman in any walk of life, but which is supereminently demanded from members of such a profession as that of medicine. A case in point is afforded by the following anecdote, which, if not true, at least deserves to be so:—A certain physician in Paris, who also filled a professor's chair, having found practice coming to him but slowly, and remarking at the same time that other physicians who were in good practice, were on familiar terms with some of their female patients, suddenly conceived

that he had discovered in the latter circumstance the secret of his rivals' success, and resolved to adopt the marks of intimacy on the first fitting occasion. An occasion arrived. He was sent for by a lady of respectability, whom we shall call *Madame Quelq'une*, of the *Rue Joubert*, No. 1000. Having been announced, he walked boldly into the room, and taking his patient by the chin, exclaimed, "Well my dear! and how are you to-day?" The astonished lady promptly replied, "I am very well, Sir, as I will prove to you;" and thereupon rising and ringing the bell, she said to the servant who appeared, "Pay this physician his fees for two visits, but recollect that when he calls again, I am not at home!" The chop-fallen physician left the *Rue Joubert* with a rueful countenance. But the worst was behind. The lady sent for another physician, who was both a gentleman and a witty man, and who, oddly enough, had been a pupil of the professor. After various inquiries, the new medical attendant found it necessary to percuss the chest, an operation which the lady readily permitted, warning her medical adviser at the outset, however, that there was one region, the exploration of which she could by no means permit. Day after day the physician continued his visits, each day he percussed, and he was as constantly reminded of the prohibition. At length his curiosity having been raised quite on tip-toe, he ventured respectfully to inquire which *was* the interdicted region, and to his great surprise learned that it was *the chin*. The patient, who had long been bursting with the secret, now recounted to her Æsculapius the adventure and mishap of his predecessor, and the pupil resolved at some time to read a lesson to his *ci-devant* master. The opportunity very speedily arrived. As he was returning homeward—on foot—he met, surrounded by a posse of pupils, his old preceptor, who, having just left his professorial chair, was about to enter his cabriolet. The professor, thinking this a capital opportunity to inculcate an useful principle into those around him (and perhaps also to show the authority wielded by a physician who kept his cabriolet over one who was obliged to walk), thus addressed his former disciple:—"My dear ——, you seem to have quite forgotten me, and what you owe to my instructions; you never call me in to a consultation!" "Well," said the other, hesitating for an instant, "I recollect. To-morrow, at 2 o'clock, there is to be a consultation, at which I shall be happy if you will assist." "Come, that's hearty!" said the professor, shaking him by the hand, "I begin, after all, to think that you have not quite forgotten your duty. But I had forgotten

(he added, as just about to step into his vehicle) to ask where the consultation is to be held." "At *Madame Quelq'une, Rue Joubert*, No. 1000." The professor vaulted into his cab as if impelled by a rocket, cloaked himself up in a moment, put the horse at the top of his speed, and was off like a shot, next day quite *forgetting* the consultation,—so says the *Gazette des Hôpitaux.—London Lancet*, July 8, 1843.

An account of a case in which a Foreign Body was lodged in the Right Bronchus.—By Sir Benjamin C. Brodie, Bart. F.R.S., etc., etc.—The author's object in this paper was to describe a case in which a half-sovereign was lodged in the right bronchus of the patient for a period of thirty days, and in which certain novel measures adopted for its removal proved successful. It was on the 3d of April, while the patient, Mr. B.,* was amusing some children, that the coin which he had in his mouth accidentally slipped into the trachea. The symptoms which succeeded were principally occasional severe fits of coughing, and a sense of pain referred to a part of the chest corresponding to the situation of the right bronchus. No particular sounds were detected by the use of the stethoscope. The patient was able to pursue his usual avocations, and made two journeys into the country. On the 19th of April, having placed himself in the prone position, with the sternum resting on a chair, and his head and neck downwards, the patient had a distinct perception of a loose body slipping forwards along the trachea; a violent convulsive cough ensued, and, on resuming the erect posture, he again had the sensation of a loose body moving in the trachea towards the chest. An apparatus of the following kind was now constructed. A platform, on which the patient could lie prone, was made to move on a hinge in the centre; so that on one end of it being elevated the other was equally depressed. On the 25th of April the patient was laid on the apparatus, with his shoulders and body fixed by means of a belt, and his head was lowered to an angle of nearly 90 degrees with the horizon. His back was then struck several times with the hand, but violent fits of choking were brought on each time, and it was not deemed prudent to continue the experiments. On the 27th it was agreed in consultation to make an opening in the trachea, between the thyroid gland

* Brunel, the projector and engineer of the Thames Tunnel.

and the sternum. In proposing this, the object was twofold: 1st, that an attempt might be made to extricate the coin by the forceps; 2d, that if relief could not be obtained in this manner, the artificial opening might answer the purpose of a safety-valve, and the experiment of inverting the body on the platform be repeated without the risk of causing suffocation. The operation having been performed, several attempts to extricate the coin were made, but without success; and, on each introduction of the forceps, paroxysms of convulsive coughing of such a violent kind were brought on, that it was plain that the attempts could not be persevered in without danger to life. On the 2d of May, a renewal of these trials was followed by the same results. On the 13th, the wound in the trachea having been kept from closing by the occasional introduction of a probe, the patient was placed on the moveable platform as described before; his back was then struck by the hand; two or three efforts to cough followed, and presently the patient felt the coin quit the chest, striking almost immediately afterwards, against the incisor teeth of the upper jaw, and then dropping out of the month. No spasm of the muscles of the glottis took place; a small quantity of blood was ejected at the same time, apparently coming from the granulations of the external wound. From this date the patient proceeded rapidly to get well.

The author concluded by making observations on the following heads:—1st, on the influence of the size, weight, and form of a foreign body introduced into the windpipe, in modifying the symptoms; 2d, he referred to experiments which showed that a heavy body, like the coin in the present case, was most likely to drop into the right bronchus; 3d, he adverted to the want of success attending the use of the stethoscope in this and in some other cases of the same kind; 4th, he pointed out the reasons on which he had founded his opinion, that the artificial opening made in the trachea would prevent spasm in the glottis, and thereby give greater chance of success to the experiment of inverting the patient's body on the moveable platform; lastly, he dwelt on the difficulties and dangers attending the use of the forceps, when a weighty body is lodged deeply in one of the bronchi, as was the case in his patient.—*Bullit. Med. Sci.*, from *Med. Gaz.*, July, 1843.

Rosas' Operation for Cataract.—"Rosas is a dexterous and steady operator. In his extraction the patient is seated

on a low stool, with the head placed obliquely to the light, and resting against the breast of an assistant who raises the upper lid, while the operator depresses the lower with the middle and forefinger in the usual manner. He makes the downward section with a knife somewhat different from that of Beer, as originally used by him, and figured in his work in 1830. This knife is much shorter in the blade than Beer's, its posterior edge (or back) is also sharp and slightly convex. Holding it between the thumb, and the index and middle fingers, the ring finger bent unto the hollow of the hand, and the little one resting on the cheek bone, he introduces the point at a right angle with the cornea (to prevent its catching in its layers), a little above the transverse axis of the eye, and having entered the anterior chamber, he alters the position of the instrument by depressing its handle towards the temporal fossa, and thus brings the surface of the blade on the same plane with that of the iris. Having passed it rapidly through the chamber and made the counter punctuation, so that a full quarter of an inch of the point has passed through the inner margin of the cornea, he then *draws* it slowly downwards, and slightly outwards, and so completes the section. If the case is one of double cataract he makes the corneal section, and concludes the operation in the second eye before he extracts the lens of the first. He opens the capsule with a Langenbeck's needle, sharpened on its concave edge, and extracts the lens by gently pressing on the upper portion of the cornea with the flat of the needle.

"The object aimed at in having the back of the knife curved is, to give it shortness as well as breadth, and thus avoid pricking the side of the nose; and its posterior sharp edge is to permit of cutting upwards as well as downwards, and thus not only pass through the cornea with greater facility, but also enable the operator to extend the incision upwards if the original punctuation is too low. Another reason assigned by the inventor of this knife is, that its blade by being sharp at both sides, and forming in its section a compressed ellipse, permits less escape of the aqueous fluid in passing through the chamber, than the ordinary instrument.

"In this manner Rosas operates with the most marked success; but in other hands, especially beginners, his method and instruments are open to many objections. The insertion of the knife at right angles with the cornea, is very liable to transfix the iris, and by twisting the cornea itself, renders its further insertion less smooth and easy, and its cutting back endangers both sclerotic and iris, especially in turning its

lower edge outward when completing the incision; and when the iris happens to roll over the back of the knife, it cannot be pressed off with the same facility as when the posterior part is blunt; should the point of the knife get entangled in the iris, he withdraws it and re-introduces it in another place; if the corneal opening is too small he enlarges it with a Daviel's scissors.—*Wilde's Austria.—Bullet. Med. Sci.*

Researches on the Frequency of Cancer.—Dr. Tanchou presented to the French Academy of Sciences, at its session of the 3d of July, a very elaborate memoir on the Relative Frequency of Cancer.

The frequency of diseases, said Dr. T., is in direct ratio to the susceptibility of the organs which are affected by them. When this does not occur, it is to be attributed to some accidental circumstance. Cancer does not escape this general law. But what has not yet been investigated are the order and nature of the causes of this disease. Imagining that the effects of civilization might play no small part in the production of this affection, Dr. T. consulted, with the assistance of the Prefect of the Seine, Count Rambuteau, the civil registers of that Department. 1848 quires, forming the collection from 1830 to 1840, inclusive, 11 years, were examined.

It appears that in this lapse of time there died at Paris, and the districts of Sceaux and St. Denis, 382,851 persons. Of this number, 194,735 were men; and 158,116 were women. 9118 of these died of cancerous affections; of whom 2161 were males; 6957 were women. The excess of the latter was of course 4796.*

Deaths by Cancer.		Deaths by Cancer.	
In 1830,	668	In 1836,	837
1831,	865	1837,	778
1832,	814	1838,	803
1833,	814	1839,	887
1834,	857	1840,	889
1835,	906		
Total,			9118

That is, about 1.96 per cent. on the deaths of 1830, and 2.40 on those for 1840; which proves that cancer is on the increase.

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* Under the name of cancer, Dr. T. includes not only cancerous ulcers, but schirrus, carcinoma, osteo-sarcomas, encephaloid tumours, cancers of the skin, nose, lupus, sarcoceles—in a word, all local malignant affections.

In Paris, alone, during this time.

Deaths by Cancer.		Deaths by Cancer.	
In 1830,	595	In 1836,	728
1831,	756	1837,	674
1832,	712	1838,	703
1833,	721	1839,	779
1734,	752	1840,	779
1835,	800		
Total,			7999

That is to say, 2.54 per cent.; whilst in the arondissements of Sceaux and St. Denis united, there were:

In 1830, deaths	73	In 1836, deaths	109
1831,	100	1837,	104
1832,	102	1838,	100
1833,	93	1839,	108
1834,	105	1740,	110
1835,	106		
Total,			1119

Which gives 1.63 per cent. for the suburbs, whilst *intra muros* it was 2.54 per cent., showing that this disease is much more frequent in the capital than in its environs.

Considered with regard to age, he found the following results:

Age.	Deaths.	Men.	Women.
From 1 to 10 years,	23	9	14
10 to 20	26	13	13
20 to 30	231	62	169
30 to 40	1012	190	822
40 to 50	1975	339	1636
50 to 60	2108	488	1620
60 to 70	2067	598	1469
70 to 80	1315	398	917
80 to 90	335	62	273
90 to 100	26	4	22
Total,	9118	2163	6955

Examined in connection with the various organs affected, he found:

The Uterus,	2996	Shoulder,	4
The Stomach,	2303	Throat,	4
Female Mamma,	1147	Ear,	4
Liver,	578	Pharynx,	4

Rectum,	221	Forearm,	3
Abdomen, (?)	188	Kidneys,	3
Intestine,	146	Parotid Gland,	3
Bladder,	72	Tonsils,	3
Face,	71	Larynx,	3
Mesentery,	66	Palate,	3
Ovary,	64	Temple,	2
Tongue,	36	Chin,	2
Eye,	24	Back,	2
Jaw,	24	Pancreas,	2
Brain,	28	Iliac Fossa,	2
Testicle,	21	Cœcum,	2
Lips,	16	Vulva,	2
Vagina,	14	Umbilicus,	2
Spleen,	13	Haunch,	2
Anus,	13	Cranium,	1
Esophagus,	13	Cerebellum,	1
Neck,	13	Ethmoid Bone,	1
Cheek,	12	Orbit,	1
Nose,	11	Retina,	1
Mouth,	11	Mastoid Process,	1
Thigh,	10	Back of Neck,	1
Penis,	10	Sternum,	1
Leg,	9	Pleura,	1
Thorax,	8	Peritoneum,	1
Axilla,	8	Jejunum,	1
Thyroid Gland,	8	Ileum,	1
Scrotum,	7	Female Urethra,	1
Inguinal Region,	7	Perineum,	1
Lung,	7	Scapula,	1
Colon,	7	Bones of the Ilium,	1
Head,	6	Pelvis,	1
Heart,	6	Sacrum,	1
Arm,	6	Thigh,	1
Epiploon,	5	No organs designated,*	829
Prostate,	5		
Male Mamma,	5	Grand Total,	9118
Hand,	5		
Forehead,	4		

* Under this head those cases are included which were simply marked on the register as *cancer*. Dr. T. seems to think that cancer of the breast was meant in the majority of these cases; which, added to 1147 cases of schirrus of the female mamma, and 5 in the male, would give 1981 cancers of the breasts in the two sexes.

By this statement it will be seen that there is an increase in cancerous affections, and that they are much more frequent in cities than in the country. This has already been remarked in Berlin,* and in England.†

Dr. Tanchou gives the following cases for cancer of the uterus:

In 1830, 351 cancers of the uterus; 1831, 391; 1832, 396; 1833, 398; 1834, 436; 1835, 508.

Dr. Tanchou adds that a similar comparative tabular statement between the capitals and large cities, and the rural districts, is much to be desired.

Dr. T. states that cancer is a very ancient disease of civilized life. The first example is that of Mossa, daughter of Cyrus, and wife of Cambyses, B. C. 521. What is very extraordinary is, that, according to Herodotus and others, she was cured by Demeidus, a physician of Croton, without an operation.

It is said that cancers have been found among the mummies of Egypt; and Hamon, a very distinguished veterinary surgeon, who was fourteen years in the service of Mehemet Ali, never observed cancerous affections among the native female, but occasionally among the Turkish women. Dr. Clot-Bey has made the same remark. Cancer, according to Dr. T., is like insanity, much more common in civilized countries. It has been found that in the East it is much more common among the Christians than Mahomedans. Fabricius Hildanus believed that this disease occurred more frequently in temperate climates than in warm. Rouzet says that it is very rare in Africa. The result of Dr. T.'s researches on this point leave no doubt. Dr. Bac, surgeon to the second regiment of African Chasseurs, never saw a case, even at Senegal, where he practised six years. The medical officers of the French Army are agreed on this question. Baudens, the surgeon in chief of Val-de-Grace, who enjoyed a considerable practice at Algiers for eight years, saw only in that time two or three cases. Finally, Dr. Puzin, who, in 1835, established a civil hospital ten leagues beyond the French outposts, in the midst of the Arabs, did not see a case of genuine cancer out of 10,000 patients.

Dr. Tanchou discusses finally the treatment of cancer. Having examined this disease among animals, he gives some

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* Siebold's Journal, 1826.

† Cyclopedia of Surgery, art. Cancer.

interesting details relative to its frequency, according to age, sex, and the organ affected, He concludes thus:

1. The number of cancerous diseases seems to increase from year to year, and to be in direct ratio to the civilization of the country and of the people.

2. It is in old persons, and in women more particularly, that this malady is most to be feared. But early life is not exempt from it.

3. The organs that are most sensitive, and of glandular organization, are most obnoxious to it.

4. The cause of this disease would seem to exist in the whole economy, but more particularly in the fluids than in the solids.

5. When there is no external cause it would appear to result from a molecular organic modification, occasioned by various causes, but which, in the majority of cases, we may hope to destroy. (?)

6. In the present state of our science the treatment is only empirical, as in syphilis.

7. This treatment should include all therapeutic means, and should neither be exclusive, nor specific.

8. Finally, after twenty-two observations, which were presented to the Academy, and some scattered facts found in the science, it is not yet demonstrated that cancer is incurable in all cases. You can modify the affection, render chronic an acute case, dissipate, lessen, or render stationary the majority of primary engorgements. And it is to be hoped that we shall yet go further.—*Med. Examiner.*

Black Cataract.—At the Academy of Sciences, Paris, May 29, 1843, Magne forwarded the following case of this rare and curious disease:—

A female, above sixty years of aage, had labored under some affection of the eyes, for which she had consulted a great number of oculists. She was quite blind; the eyeballs were prominent; the sclerotica appeared to be thin; the iris well-shaped, but perfectly immoveable; bottom of the pupil dark, as in the healthy state.

From these and other symptoms, the disease was supposed to be amaurosis; but a second examination of the patient was made in a darkened chamber, and with the aid of a candle, as recommended by Sanson. The deep-seated images were absent, and the author accordingly declared the case to

be one of black cataract, with adhesion of the iris. The diagnosis having been confirmed by Cruveilhier, the lens on the right side was depressed, on the 25th of March, 1843. The adhesions of the iris were numerous; but as soon as the capsule was lacerated, the dark colour of the lens became evident, and, on depressing it, several black fragments were detached.

On the second day after the operation the pupil appeared to be less contracted, the base being quite dark, but on the following day it was closed by a white substance. Cruveilhier regarded this as the lens, which had come forwards, after having lost its dark colour in the vitreous humor. The operation was unsuccessful, and was, therefore, repeated in a fortnight; but the first touch of the needle showed that the body supposed to be the lens was, in reality, the capsule, which was extremely soft and elastic. A few shreds were removed with much difficulty, and the patient recovered but a very imperfect power of vision.—*Prov. Med. Journ.—Med. Examiner.*

New Limits for the period of Lactation.—Dr. Loudon, in a recently published work on population, has named the period of three years as that during which the infant should receive its nourishment by lactation. His argument is the following: "Of all mammiferæ, none is so long as man in being able to sustain itself upon its legs, in reaching the age of puberty and adult age, and, taking his size into consideration, none is endowed with a longevity comparable with his. Man is completely developed at 21; few men have lived till 150. Now, if we divide the first number by 7, and the second by 49, we shall find that the period of lactation for the human race ought to be three years."—*Med. Examiner*, from *Provin. Med. Journ.*, June 34, 1843.

Diagnostic Sign of Dislocation of the Thigh-Bone into the Ischiatic Notch.—Mr. Syme has recently narrated, in the "London and Edinburgh Monthly Journal," a case where the occurrence of the dislocation was determined by the presence of a particular sign, which appears to be of much importance in the diagnosis of a dislocation which Sir Astley Cooper has

described as "the most difficult both to detect and reduce." There is less deformity and fixture of the limb than in any other of the displacements of the thigh-bone. "This obscurity (says Mr. Syme) is much increased by attempts to effect reduction, since a moderate degree of extension almost entirely removes the shortening and inversion, which are usually considered the most characteristic symptoms. I think it, therefore, of consequence to state, that there is another feature of the injury which, according to my experience, is never absent—always well marked—and not met with in any other injury of the hip-joint, whether dislocation, fracture, or bruise. This is an arched form of the lumbar part of the spine, which cannot be straightened so long as the thigh is straight, or in a line with the patient's trunk. When the limb is raised or bent upwards upon the pelvis, the back rests flat upon the bed; but so soon as the limb is allowed to descend, the back becomes arched as before. By attention to this symptom, I have been enabled to recognise the existence of dislocation into the ischiatic notch, when it had been unnoticed by others; and, on one occasion, when it was supposed that the replacement had been effected through powerful extension by the pulleys."—*Ibid.*

Quinine in Traumatic Fever.—A case has lately occurred in the Hôpital des Enfans at Paris, in which Guersant has employed, with entire success, the sulphate of quinine in the treatment after amputation of both lower extremities. The patient, a poor boy, whose limbs had been frozen by exposure during a winter's night, and afterwards most injudiciously bathed in hot water, was brought to the hospital, the limb exhibiting a discolored spotty appearance, and other symptoms of incipient gangrene. This condition in six days, notwithstanding the application of bark-poultices and bottles of hot water to the extremities, so greatly increased as to render necessary an immediate amputation of both legs. The operation was successfully performed, and with little suffering to the patient, who gradually recovered, though not without indications of considerable fever and erysipelatous inflammation, both of which were subdued by doses of sulphate of quinine, amounting to twelve grains in a day. Guersant cites other cases, also, in which he has employed the same medicine with success, in all of which the leading feature was purulent reabsorption.—*London Lancet*, from *Gazette des Hôpitaux.*

Wenzel the Oculist.—A lady attached to the court of the empress, becoming blind, was pronounced amaurotic by the medical man called in; her malady continuing to increase, the Baron Wenzel was sent for, and he at once declared it to be cataract, and operated on it with success. So amazed was Maria Theresa at this display of Austrian surgery, that she forthwith established a special lectureship of opthalmology, and Barth was the first that filled the chair in 1773; and in 1776 he was appointed oculist to Joseph II. He was a most expert extractor, and there are still several who have witnessed his operations—the invention and use of Beer's knife (that now so generally adopted) is in a great measure due to him, for although his was longer in the blade, and somewhat broader towards the handle, yet it was upon an enlarged scale the same. The objections urged against it, of pricking the nose from the great length of its point, and not cutting itself out (as it is termed) with facility, is now obviated in that introduced by his pupil, Beer. His mode of operating was remarkable; he did not require an assistant, (and was, perhaps, the first oculist who did not), but placing the patient standing in the corner of the room near a window, he opened the lids, and fixing the eye with one hand, he passed his knife through the cornea with the other, as is now so dexterously performed by Mr. Alexander; but, different from that very distinguished oculist, he stood before his patient. It is needless to add that he was ambidexter. He died in 1818; his portrait bespeaks him a man of noble and prepossessing appearance, and his ad captandum, but engaging manner and address, added to his acknowledged talents, procured him many admirers.—*Medical Examiner*, from *Wilde's Austria*.

Moveable Kidney.—In the "Medical and Physical Journal" for 1825, (vol. ii., p. 476) mention was made of certain cases of equivocal moveable tumours in the abdomen which had been taken for diseased ovary, but which Dr. Bailie suspected were due to an abnormal state of the kidney. He had not opportunities of verifying his suspicions by postmortem examination, but the correctness of his diagnosis has since been amply confirmed.

In 1826, Aberle published in the "Salzburg Gazette," a case of a man, thirty-six years of age, who, having long suffered disturbance of the digestive organs, began to remark a moveable tumour to the right of the umbilical region, which he could with ease remove so as to press against different parts

of the abdominal parietes. The tumour gradually increased, the patient fell into a state of marasmus, and ultimately died. After death the spleen was found tuberculous; the pancreas hypertrophied; the right kidney healthy, but moveable, and capable of displacement with great facility, its vessels having become much lengthened, and its cellular envelope destitute of fat.

Since the above period Aberle has witnessed and recorded three other and similar cases. One occurred in a woman, sixty-six years of age, who had died of apoplexy, and on opening whom a solid mass was found on the right side in front of the psoas muscle, which turned out to be the kidney, pushing downwards the ascending and part of the transverse colon. The second case was that of a lady, seventy-five years old, who had long perceived the presence of the tumour, which became more moveable after a sharp attack of dysentery. She, however, suffered little or nothing from it beyond some pain after fatiguing walks. The third case occurred after menstrual disorder; but the patient suffered little material inconvenience. In THE LANCET, Jan. 21st, 1837, (p. 587) an analogous case is reported by Mr. King. It is remarkable that in all these cases the anomaly has occurred on the right side, and mostly in women.—*London Lancet*, July 15, from *Schmidt's Jahrbuch*, vol. xxxvii., p. 312.

On Lateral Curvature of the Spine.—By JAMES SYME, Esq., Professor of Clinical Surgery in the University, Edinburgh.—[The object of this paper of Mr. Syme's is to point out the kind of case in which an operation for spinal curvature may be useful, and to discourage the operations which are recommended for all other kinds of spinal distortion. We cannot always be sure whether the bones or muscles are the first cause of lateral curvature. The muscles may be so weak as to allow the spine to bend, and the bones may at the same time be so unhealthy that an undue pressure may cause a premature distortion. All the operations which have been recommended for these lateral curvatures are at least very doubtful in their efficacy, if not positively injurious, and there is only one kind of spinal distortion which it is proper to attempt to remedy by subcutaneous incisions, and that is spinal curvature depending upon wry-neck caused by contraction of the sterno-mastoid, which muscle is liable to contraction both spasmodic and permanent. Although spasmodic contraction

does not generally affect the shape of the spine, the permanent contraction may do so very materially.]

Wry-neck, like club-foot, is sometimes congenital, but much more frequently, like squinting, and the *pes equinus*, occurs during childhood, in connexion with some inflammatory or feverish state of the system. It depends upon a contracted state of the sterno-mastoid muscle, which has usually the feeling and appearance of a tense cord stretching from the clavicle to the ear. The head is bent towards the side affected, the face being turned to the opposite direction. Until the introduction of a subcutaneous incision, the treatment of this complaint was very defective, since it consisted either in the use of mechanical support, which did little, if any good, or in cutting across the contracted muscle, together with its superjacent integuments, which was a painful and bloody operation, leaving a large sore, slow to heal, and apt to renew the evil during cicatrization. The subcutaneous process requires merely a puncture of the skin, is not attended with pain or bleeding, needs no dressing or after-treatment, and at once affords the relief desired. The following is the first case on record of its performance in Great Britain, which I extract from my tenth report of the Edinburgh Surgical Hospital.

"*Wry-Neck depending on Contraction of the Sterno-Mastoid remedied by Division of the Muscle.*—Matthew Cullen, aged six, Dunbar, admitted November 2, 1832. The head was much inclined to the left side, and could not be elevated, owing to the rigid contraction of the left sterno-mastoid, the sternal part of which felt like a tense cord. The complaint had existed upwards of twelve months, and had resisted blisters, with other similar means of remedy. In these circumstances, it was thought necessary to divide the contracted part of the muscle. This was effected by entering a sharp-pointed narrow knife a little to the inner side of its tracheal margin, about an inch above the clavicle and then pressing the blade against the tense fibres. A sudden snap, which shook the patient's frame, was immediately perceived, and all trace of the contraction disappeared. The knife was withdrawn, and the small puncture occasioned by it in passing through the skin afforded the only perceptible indication of what had been done. No pain or other bad consequences followed, and the cure might be regarded as at once complete."—*Ed. Med. and Surg. Jour., p.* 115.

In the case just related, the disease existed in its simplest form, and without any affection of the spine, which is seldom wanting. It proceeds from involuntary elevation of the

shoulder on the side affected, to lessen the strain on the head. This necessarily gives the dorsal part of the spine a corresponding convexity; and the lumbar portion bending in an opposite direction, to preserve the balance of the trunk, there results a lateral curvature, in no respect different, so far as regards appearance, from its ordinary condition. I was asked, along with Sir Charles Bell, to see a young gentleman suffering from lateral curvature. Finding the right sterno-mastoid very much contracted, I proposed to divide it, and did so with the effect of redressing the spine immediately, so that before we left the house the youth was walking straight.

But if the distortion be permitted to continue, it sooner or later, as in the ordinary form of the disease, leads to alteration in the shape of the bones. The bodies of the vertebræ are compressed, and the sternum projects. In this case, of course, the operation cannot afford the same instant relief that follows its performance while the curvature depends merely upon muscular action. The head, however, is at once set free, to the patient's great comfort; and through the gradual improvement of time, the trunk, unless arrived at full maturity, may in a great measure regain its proper conformation. A few weeks ago, I saw, with Mr. Cruickshank, of Hill Place, a young lady from this neighborhood, on whom I performed the operation in January, 1841. The back and ribs were then so much distorted, that I hardly ventured to hope for much improvement, especially as the patient was nearly twenty years of age. It was therefore an agreeable surprise to find, instead of the low, thin, sallow, crooked, sickly-looking girl I had formerly seen, an erect, fresh-colored, happy, healthy-looking young woman.

There is still another condition of the complaint, of which I may mention an instance that came within my notice last summer, in the case of a boy who was brought from the country on account of lateral curvature. Observing that his head inclined to one side, I examined the sterno-mastoid, and found it, not tense and rigid as I expected, but soft and yielding. I perceived, however, that when an attempt was made to raise the head, the muscle resisted and became tense, and therefore concluded that it was the seat of the evil. Under this impression I proceeded to divide it, and succeeded in doing so, though with more difficulty than usual, from the want of tension, for which it was necessary to compensate by stretching the neck. A good effect was immediately perceptible, and the following day the patient's back was compara-

tively straight, which it has since, I am informed, become completely.

In concluding these remarks, it may be well to warn against mistaking for wry-neck depending upon muscular contraction, the distorted position of the head which proceeds from caries between the occiput and atlas. The latter disease, like the former, usually occurs in young persons, presents to a careless observer similar symptoms, and if confounded with it, leads to treatment not only useless, but extremely injurious. A young gentleman had for twelve months used friction and exercise under the instruction of a distinguished member of the profession, who supposed that he labored under wry-neck from contraction of the sterno-mastoid. No benefit having been experienced, it was thought that an operation might be serviceable, and with this view I was asked to see the patient. He presented all the characters and well marked symptoms of *spondylarthrocace*, or caries at the occipito-vertebral articulation, in a stage so advanced, that there was nothing left for me but to explain the nature of the case and predict the fatal termination, which soon afterwards happened.—*Braithwaite's Retrospect of Med. and Surg.*, from *Lond. and Edin. Monthly Jour. Med. Sci.*, April 1843, p. 271.

Van Arsdale on Obstetrical Auscultation.—The foregoing observations on the nature and value of the pulsations of the fœtal heart, seem to establish the following propositions:

1. These pulsations are a certain sign of the existence of pregnancy and of life in the fœtus.

2. The impressions upon, and the variations in, the circulation of the mother, have no effect on that of the child.

3. The *increase* in the number of the double pulsations is of little consequence, since it rarely happens and is usually of short duration. On the other hand, a *decrease* in the number, during parturition, and especially in a protracted labor, announces danger to the child, and indicates that the labor should be terminated by instruments, by version, or such other means as the case may demand.

4. We should not expect to discover these pulsations before the completion of the first half of pregnancy. The average number of beats is 135 a minute, and they continue to increase in intensity from the moment when first heard until parturition.

5. Cases of double pregnancy may be diagnosed from hear-

ing the pulsations of two distinct fœtal hearts, and these pulsations usually differ in number from 8 to 15.

6. The detection of these beatings is of the first importance in cases of extra-uterine pregnancy, since, if they were not discovered, the case might be mistaken for a fibrous tumor of the ovaries or a simple cyst, and be treated as such.

7. They are discovered at a point corresponding with the dorsal præcordial region of the fœtus.

8. To discover the presentation, we have to draw an imaginary *horizontal* line, dividing the uterus into two equal parts. When the head presents, the pulsations are heard in the inferior half, and when the pelvis presents, they are heard in the superior half.

9. To discover the position, we have to draw an ideal *perpendicular* line, bisecting the preceding one. When the back of the child is turned towards the right side, the pulsations are heard in the right half; and when turned to the left, they will be heard in the left half.

Lastly, the entire absence of these pulsations should invariably deter us from performing the Cæsarean operation, or from making a division of the symphysis pubis; in a word, from doing anything which might prove injurious to the mother, in the vain hope of aiding the child, which we are now bound to believe to be no longer alive.—*New York Jour. of Med.*, September, 1843.

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HEALTH OF THE SOUTH.

The public prints inform us that there is a good deal of sickness in some of the Southern States. The yellow-fever prevails in New Orleans, though not in so severe a form, nor so generally as it has in preceding years. At the last dates, however, it was on the increase, and the papers warn the unacclimated to keep away. The country parishes, meantime, are suffering very considerably with bilious fever of a very severe and fatal character. On some of the plantations the distress is said to be extreme.

In Mobile, also, the yellow fever is present, and is of a malignant character.

Vicksburg is represented to be more than usually healthy.

Rodney is suffering greatly. The disease is regarded as a malignant form of bilious fever. Death ensues about the fifth day. C.

PENNSYLVANIA MEDICAL COLLEGE, PHILADELPHIA.

Difficulties, it is said, have occurred among the Faculty of this College, in consequence of which they have resigned. It is not

known whether the school will be re-organized or not; but at such a period of the year it is improbable that any arrangement can be made to insure a course of lectures the coming winter. The Faculty embraced some distinguished men.

What the poet says of human affairs generally, is particularly applicable to things medical and at the same time collegiate:

"Naught may endure but Mutability."

C.

SMITH'S MINOR SURGERY.

This is a volume of three hundred and three pages 12mo., and is divided into four parts: Part I, treats of the preparation and application of dressings; Part II, of the application of the bandage, simple and compound; Part III, of the apparatus for fractures and dislocations; and Part IV, of minor surgical operations. Under Part II, Dr. Smith introduces the Handkerchief system of Mayor; we do not observe that the volume has any other claim to preference over those already in use, notwithstanding it is endorsed by many of our eastern *confreres*. The part devoted to Minor Surgical Operations is meagre indeed—and might just as well have been omitted. The author acknowledges his draughts upon the treatises of Velpeau, Gerdy, and Mayor; he might have added Cutler, as many of the illustrations of the volume will appear marvellously familiar to one acquainted with Cutler's treatise, issued in similar form by the same publishers.

Touching the subject of Surgical Operations, we would say that we know of no work equal to Tavernier's Operative Surgery, translated by Professor Gross. This is now out of print, at least we have never been able to get a copy of it; and we think it would be doing the profession a service, if some publishing house, Messrs. Barrington and Haswell, for instance, would put forth a second edition. We are confident it would repay them. C.